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**One Hundred and Thirty Seventh
ANNUAL REPORT
OF THE
South Carolina State Hospital**

FOR THE YEAR ENDING JUNE 30, 1960



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STATE DOCUMENTS

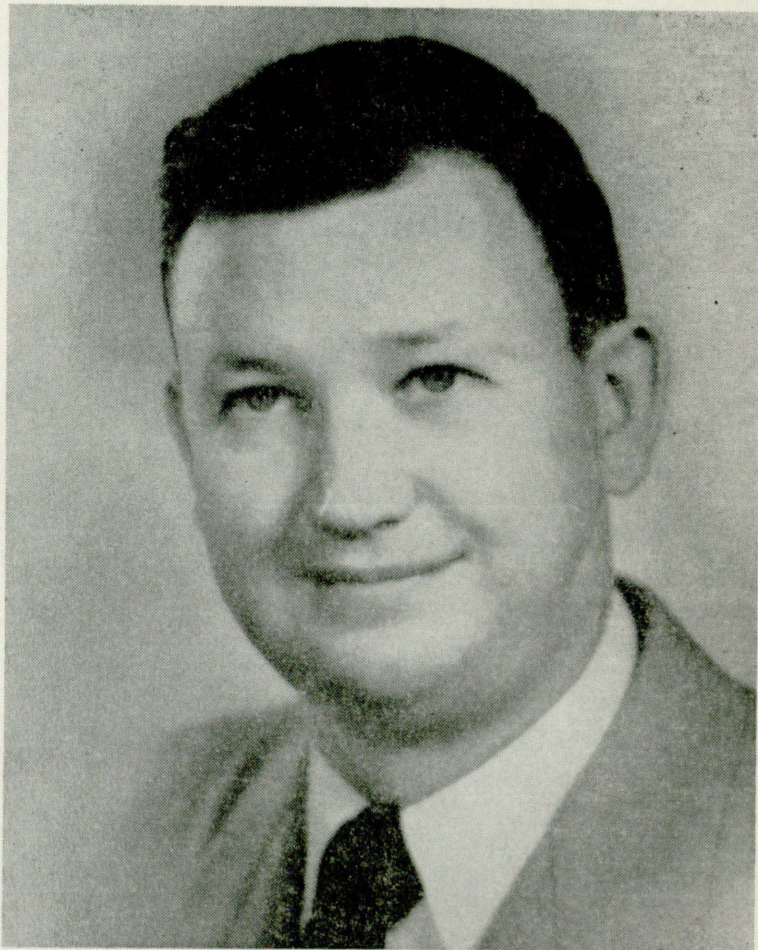
Printed Under the Direction of the
State Budget and Control Board

One Hundred and Thirty Seventh
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OF THE
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FOR THE YEAR ENDING JUNE 30, 1960



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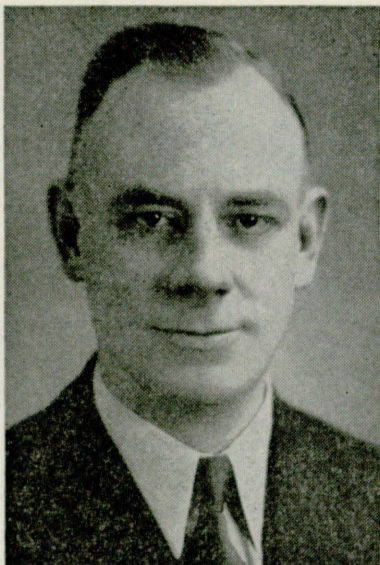
C. M. TUCKER, JR.
Pageland, S. C.

CHAIRMAN, S. C. MENTAL HEALTH COMMISSION

Elected by the Commission as chairman, effective March 21, 1959, to succeed the chairman, George A. Buchanan, Jr., Columbia, S. C., resigned.

First appointed as a member of the S. C. Mental Health Commission December 7, 1949 by Governor J. Strom Thurmond for the unexpired term of J. Calvin Rivers, resigned.

Reappointed by Governor Ernest F. Hollings for a term of five years to expire March 21, 1964.

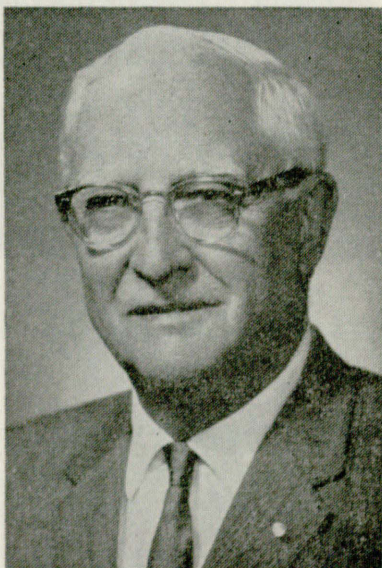


E. EDWARD WEHMAN, JR.
Charleston, S. C.

MEMBER, S. C. MENTAL HEALTH
COMMISSION

First appointed December 16, 1952 by
Governor James F. Byrnes to succeed Dr.
Olin B. Chamberlain, resigned.

Reappointed by Governor Geo. B. Tim-
merman. Term to expire March 25, 1962.

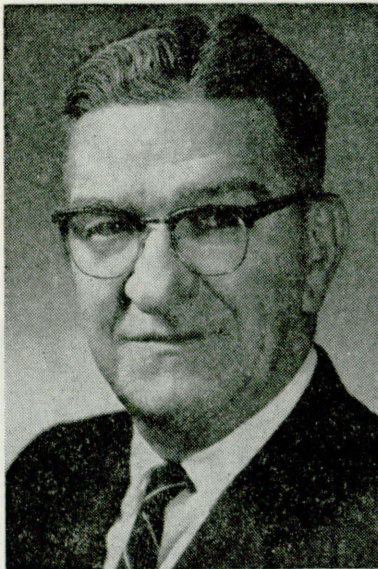


JOHN M. FEWELL, M. D.
Greenville, S. C.

MEMBER, S. C. MENTAL HEALTH
COMMISSION

First appointed April 28, 1955 by Gov-
ernor Geo. B. Timmerman to succeed
Mrs. Wm. R. Wallace, resigned.

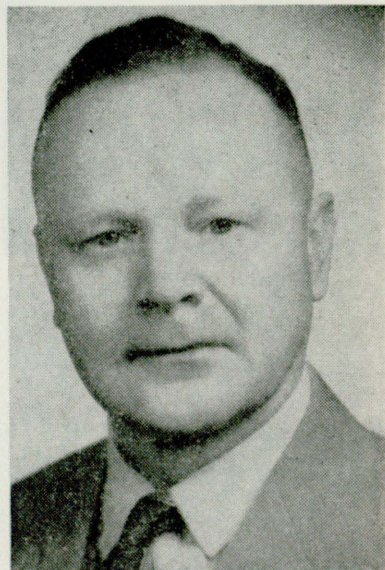
Reappointed by Governor Ernest F. Hol-
lings. Term to expire March 21, 1965.



W. G. EDWARDS, SR.
Columbia, S. C.

MEMBER, S. C. MENTAL HEALTH
COMMISSION

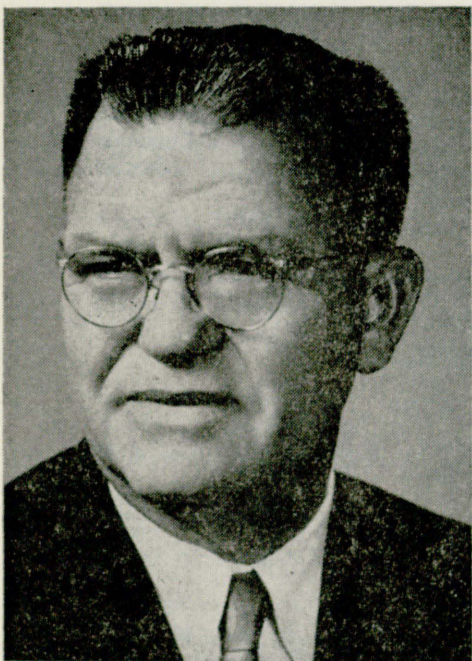
First appointed by Governor Ernest F. Hollings to succeed Samuel G. Crews, resigned. Term to expire March 25, 1961.



G. WERBER BRYAN
Sumter, S. C.

MEMBER, S. C. MENTAL HEALTH
COMMISSION

First appointed by Governor Ernest F. Hollings to succeed George A. Buchanan, Jr., resigned. Term to expire March 21, 1963.



W. P. BECKMAN, M. D.
Columbia, S. C.

South Carolina State Director of Mental Health
September 1, 1952



WILLIAM S. HALL, M. D.
Columbia, S. C.

Superintendent, South Carolina State Hospital
September 1, 1952

SOUTH CAROLINA STATE HOSPITAL

THE SOUTH CAROLINA MENTAL HEALTH COMMISSION

C. M. TUCKER, JR., Chairman	Pageland
E. EDWARD WEHMAN, JR.	Charleston
JOHN M. FEWELL, M.D.	Greenville
W. G. EDWARDS, SR.	Columbia
G. WERBER BRYAN	Sumter

W. P. BECKMAN, M.D.
State Director of Mental Health

SOUTH CAROLINA STATE HOSPITAL

WILLIAM S. HALL, M.D.
Superintendent

MEDICAL STAFF

June 30, 1960

COLUMBIA UNIT

Lawson H. Bowling, M.D.	Medical Director
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Men's Service

Leo E. Kirven, Jr., M.D.	Chief
George C. Strozier, M.D.	Physician
Thurmond O. Walker, M.D.	Physician
O. W. Williamson, M.D.	Physician

Women's Service

Joe E. Freed, M.D.	Chief
Edward M. Burn, M.D.	Physician
Rudolph Farmer, Jr., M.D.	Physician
Betty R. Guerry, M.D.	Physician
Katherine Baylis MacInnis, M.D.	Physician
William G. Morehouse, M.D.	Physician
Mary Tribble Tobin, M.D.	Physician

STATE PARK UNIT

Sol B. McLendon, M.D.	Medical Director and Chief Men's Service
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Men's Service

Thomas G. Cooper, M.D.	Physician
Robert B. Crichton, M.D.	Physician
Albert M. Eaddy, M.D.	Physician
Robert B. Neil, M.D.	Physician
Thos. B. Phinizy, M.D.	Physician

Women's Service

Purvis James Boatwright, M.D.	Chief
Ruth Smith Johnson, M.D.	Physician
Donald S. Tarbox, M.D.	Physician
Paul C. Wheeler, M.D.	Physician
Ben F. Wyman, M.D.	Physician

THE JAMES F. BYRNES CLINICAL CENTER

Joseph A. Tobin, M.D.	Chief
Victor L. Kruger, M.D.	Physician
Samuel L. Sapy, M.D.	Physician
Harry D. Tripp, M.D.	Physician

Columbia Unit—Men's Service

Educational Leave:

Zoltan L. Agardy, M.D.	June 22, 1959
P. Kenneth Huggins, M.D.	June 25, 1959

Retired:

Glenn B. Carrigan, M.D.	Sept. 1, 1959
Elmer W. Long, M.D.	Oct. 1, 1959

Separated:

James M. Albergotti, M.D.	May 1, 1960 (Ill health)
William Harold Hill, M.D.	June 25, 1960 (Another position)

Columbia Unit—Women's Service

Separated:

Robert M. Prince, Jr., M.D.	June 20, 1960 (Residency in psychiatry)
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DENTAL STAFF

Roland S. Pike, D.D.S.	Columbia Unit
*Walter F. Turbyfill, Jr., D.M.D.	Columbia Unit
Samuel B. Marks, D.D.S.	State Park Unit

MEDICAL STAFF CONSULTANTS

George Benet, M.D.	Chief Surgeon
Buford S. Chappell, M.D.	Urologist
Daniel W. Davis, Jr., M.D.	Vascular Surgeon
James W. Fouche, M.D.	Chest Surgeon
Henry F. Hall, M.D.	General Medicine
Leo F. Hall, M.D.	Chest Physician
George R. Laub, M.D.	Eye, Ear, Nose and Throat
Claude K. Lindler, M.D.	General Medicine

* Resigned June 14, 1960.

Karl Morgan Lippert, M.D.	Surgeon
Chas. J. Lemmon, Jr., M.D.	Neurosurgeon
Ben N. Miller, M.D.	Internal Medicine
Austin T. Moore, Sr., M.D.	Orthopedic Surgeon
Thos. A. Pitts, M.D.	Roentgenologist
John R. Timmons, M.D.	General Surgeon

NURSING SERVICE

Miss Beulah L. Gardner, R.N.	Director, Nursing Service
Miss Martha Moore Bradley, R.N.	Director, Nursing Education

ADJUNCTIVE CLINICAL ACTIVITIES

Elmore A. Martin, Ph.D.	Chief Psychologist
Mrs. Myrtle E. Mackey, R.Ph.	Chief Pharmacist
Howard W. Paschal	Chief Clinical Laboratory Technician
Harry C. Allison	Chief X-ray Technician
Clifton C. Geiger	Chief Electroencephalograph Technician
Mrs. Marjory Joyce McLendon	Chief, Psychiatric Social Service
Mrs. Ella B. Aiken	Librarian
Miss Ann W. Howe	Director, Music Therapy
Mrs. Edith L. Hudson	Director, Volunteer Service
Mrs. Katherine C. Hogue	Director, Industrial Therapy
Mrs. Lillian B. McIntosh	Director, Occupational Therapy
Mrs. Frances C. Shimmel	Director, Recreation Therapy, Columbia Unit
Leon E. Elam	Director, Recreation Therapy, State Park Unit

CHAPLAINS

Rev. J. Obert Kempson	Chief
Rev. William M. Major	Columbia Unit
Rev. Collie L. Moore	State Park Unit

ADMINISTRATIVE STAFF

Claude W. Connelley	Business Manager
E. A. Hall, Jr.	Comptroller
John W. Whitehouse	Personnel Director
C. W. S. Horne	Registrar
Robert C. Boyd	Administrative Assistant
Mrs. Inez Nolan Fripp	Publications Editor

Act of the South Carolina General Assembly establishing and authorizing
the construction of a building for the care and treatment of the men-
tally ill December 21, 1821

Original hospital structure for patients, designed by the famous South
Carolina architect, Robert Mills of Charleston, corner stone
laid July 22, 1822

Mills Building completed and ready for patients December 18, 1827

First patient, S. C. State Hospital, young white woman from Barnwell
county, admitted to the Mills Building December 12, 1828

MEDICAL SUPERINTENDENTS

1. JOHN WARING PARKER, M.D.
January 1, 1837-1870
Recalled as assistant physician 1876
Remained until death October 11, 1882
2. JOSHUA FULTON ENSOR, M.D.
August 5, 1870-December 31, 1877
3. PETER E. GRIFFIN, M.D.
January 1, 1878-May 1891
4. JAMES WOODS BABCOCK, M.D.
August 1, 1891-March 14, 1914
5. T. J. STRAIT, M.D.
March 17, 1914-May 1, 1915
6. CHARLES FREDERICK WILLIAMS, M.D.
May 1, 1915-May 1, 1945
7. COYT HAM, M.D.
May 1, 1945-January 1, 1949
8. WM. PETER BECKMAN, M.D., Acting Superintendent
January 1, 1949-October 1, 1949
9. CLEVE C. ODOM, M.D.
October 1, 1949-July 1, 1951
10. WM. PETER BECKMAN, M.D.
July 1, 1951-September 1, 1952
11. WILLIAM STONE HALL, M.D.
September 1, 1952—

SUPERINTENDENT'S REPORT

Columbia, S. C., July 1, 1960

To the South Carolina Mental Health Commission:

Gentlemen:

In compliance with your requirements the following report of the activities of the South Carolina State Hospital for the year ending June 30, 1960 is herewith submitted.

MEDICAL DEPARTMENT

GENERAL STATISTICS

July 1, 1959 through June 30, 1960

	White Men	White Women	Negro Men	Negro Women	Total
Patients on books of hospital at beginning of hospital year....	1,879	2,361	1,944	1,774	7,958
Admissions during twelve months:					
First admissions	802	674	323	295	2,094
Re-admissions	266	253	92	99	710
Total received	1,068	927	415	394	2,804
Total on books during twelve months	2,947	3,288	2,359	2,168	10,762
Discharged from books during twelve months:					
Recovered .....	.....	.....	63	3	66
Improved	273	488	156	247	1,164
Unimproved	10	4	16	2	32
Unchanged	358	111	55	18	542
Unclassified	148	106	16	13	283
Total discharged	789	709	306	283	2,087
Died during twelve months	187	170	133	72	562
Total discharged and died	976	879	439	355	2,649
Patients remaining on books at end of hospital year:					
In hospital	1,562	1,707	1,749	1,525	6,543
On trial visit or otherwise absent	409	702	171	288	1,570
Total	1,971	2,409	1,920	1,813	8,113
Daily average in hospital	1,557	1,723	1,749	1,519	6,548

ADMISSIONS

There were 2,804 admissions during the year, with 121 of them on a voluntary basis.

VOLUNTARY ADMISSIONS

White Men	White Women	Negro Men	Negro Women	Total
64	52	2	3	121

DISCHARGES

Discharged from the books were 2,087 patients of whom 220 were alcoholics and 13 were drug addicts without mental disorder.

Also discharged were 144 alcoholics and 28 drug addicts who were diagnosed as having mental disorder.

DEATHS

Death occurred in 562 cases or 5% of the entire patient population under treatment during the twelve months.

There were 187 white men; 170 white women; 133 Negro men and 72 Negro women.

The leading cause of death continued to be diseases of the circulatory system.

COURT CASES

During the year 172 persons were committed to the hospital for psychiatric examination by the Courts of General Sessions, the County Courts and by the Juvenile Domestic Relations Courts.

COURT CASES

MENTAL DISORDERS	White Men	White Women	Negro Men	Negro Women	Total
Chronic Brain Syndrome Associated with Convulsive Disorder—Without Qualifying phrase	1	....	....	....	1
Chronic Brain Syndrome with Psychotic Reaction Associated with: Cerebral arteriosclerosis	1	....	1	1	3
Psychotic Disorders: Affective reactions	5	....	....	1	6
Schizophrenic reactions	9	2	7	1	19
Psychoneurotic Disorders	3	....	....	....	3
Mental Deficiency	1	....	8	....	9
With Psychotic Reaction	3	....	....	....	3
No Mental Disorder	94	4	25	5	128
Total	117	6	41	8	172

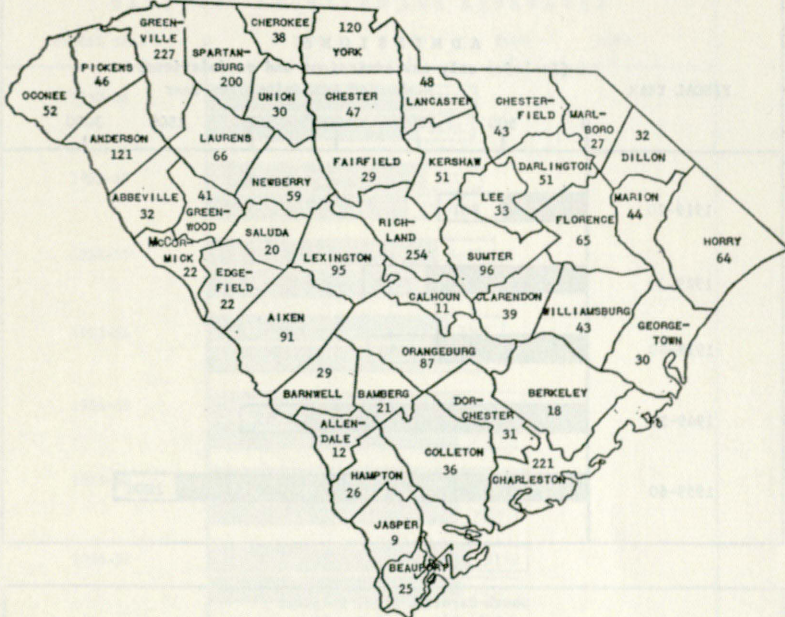
COMMITTED BY ORDER OF GOVERNOR

MENTAL DISORDERS	White Men	White Women	Negro Men	Negro Women	Total
Chronic Brain Syndrome with Psychotic Reaction, Associated with: Cerebral Arteriosclerosis	1	....	....	....	1
Psychotic Disorders: Schizophrenic reactions	5	1	3	....	9
Mental Deficiency	1	2	....	....	3
With Behavioral Reaction .....	....	1	....	....	1
No Mental Disorder	7	....	....	....	7
Total	14	4	3	....	21

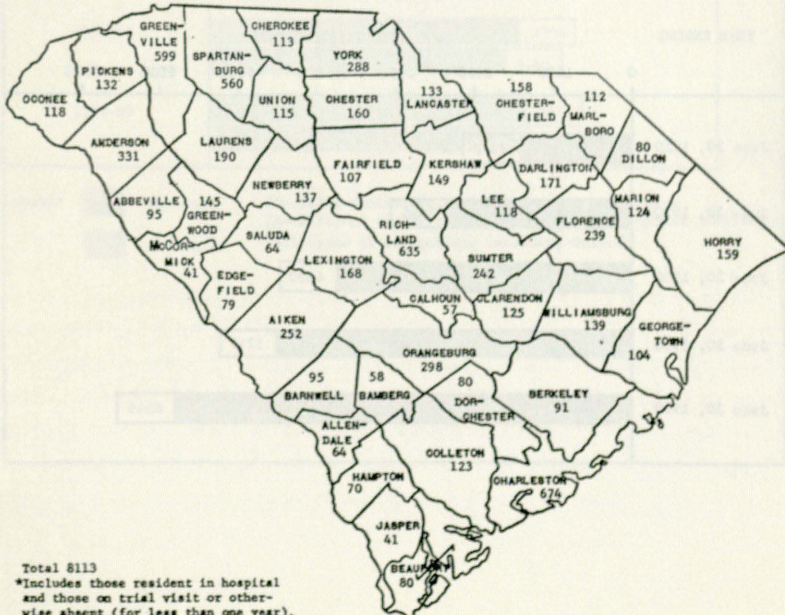
SPECIAL EXAMINATIONS AT THE SOUTH CAROLINA STATE PENITENTIARY

MENTAL DISORDERS	White Men	White Women	Negro Men	Negro Women	Total
Psychotic Disorders: Schizophrenic reactions	3	....	1	....	4
Without Mental Disorder	27	....	14	....	41
Total	30	....	15	....	45

SOUTH CAROLINA STATE HOSPITAL
Patients Received by Counties Fiscal Year 1959-60

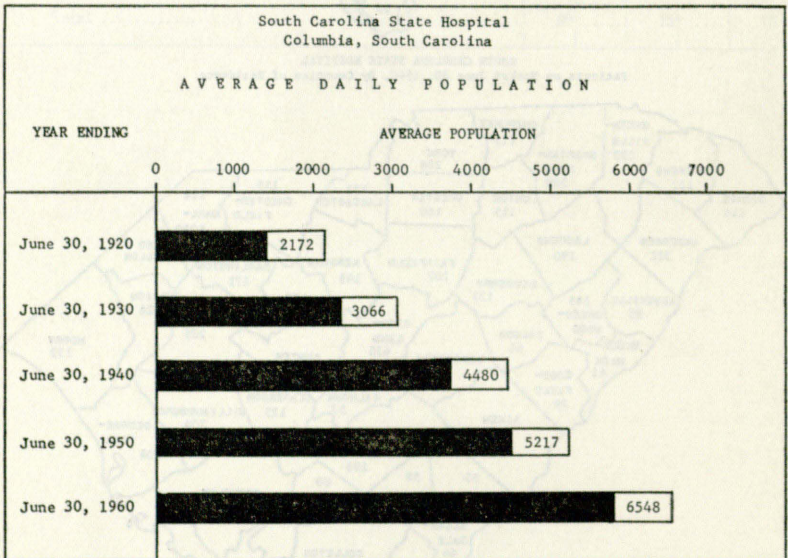
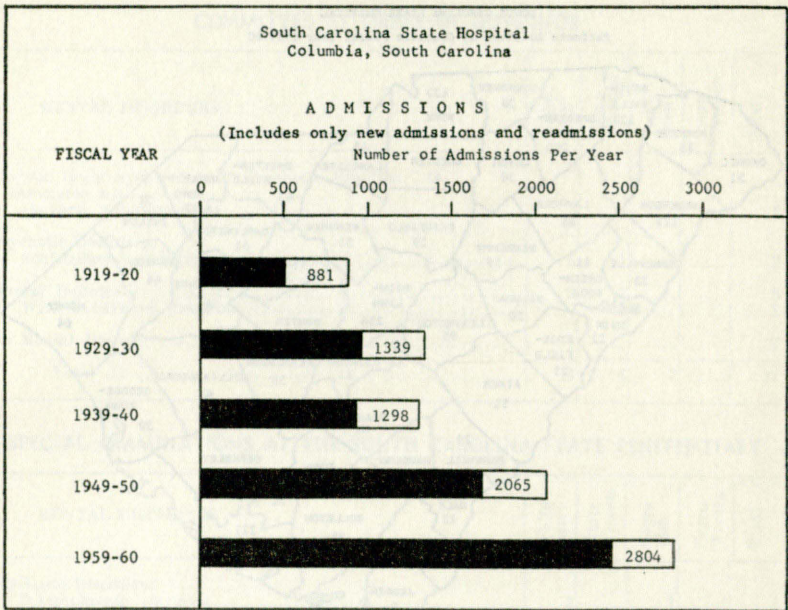


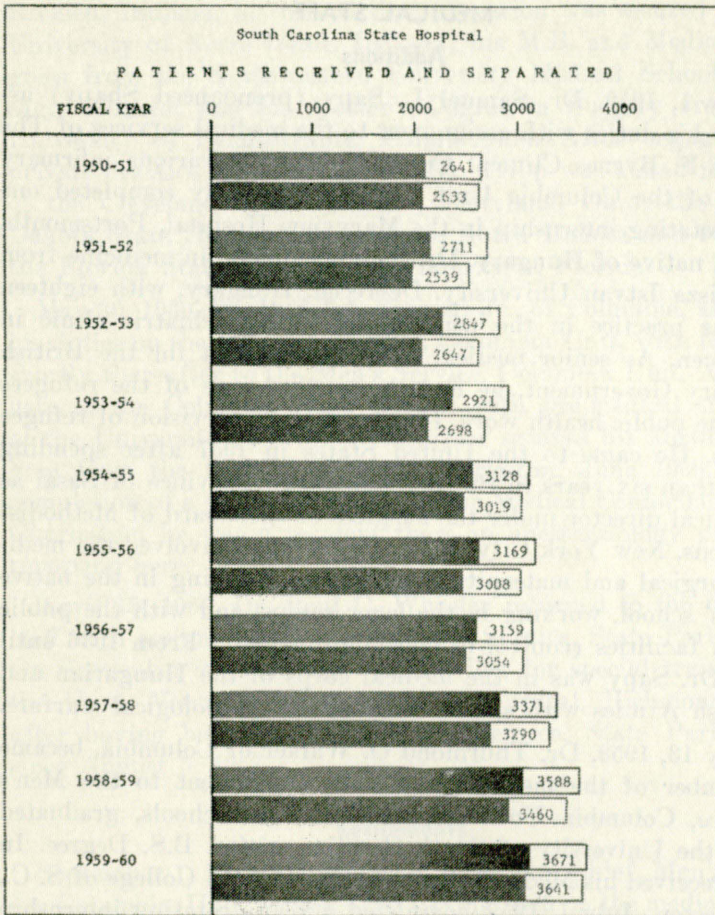
SOUTH CAROLINA STATE HOSPITAL
Patients on Books* June 30, 1960, By Counties of Residence



Total 8113

*Includes those resident in hospital
and those on trial visit or other-
wise absent (for less than one year).





Legend: Received. (Includes admissions, readmissions, returned from conditional discharge, and those who left without permission)

Separated (All types of separation, including deaths)

MEDICAL STAFF

Additions

July 1, 1959, Dr. Samuel L. Sapy (pronounced Shapy) assumed his duties with assignment to the medical services of The James F. Byrnes Clinical Center and to the various infirmary areas of the Columbia Unit. Dr. Sapy recently completed one year rotating internship in the Maryview Hospital, Portsmouth, Va. A native of Hungary, Dr. Sapy graduated in medicine from the Tisza Istvan University, Debrecen, Hungary, with eighteen months practice in the neurological and psychiatric clinic in Debrecen. As senior medical officer in Austria for the British Military Government, he had the medical care of the refugees and the public health work, together with supervision of refugee camps. He came to the United States in 1957 after spending more than six years in the Belgian Congo Province of Sasai as a medical director under the auspices of the Board of Methodist Missions, New York City, N. Y. His services involved the medical, surgical and maternity departments, teaching in the native nurses' school, working in the leper camps, and with the public health facilities (control of endemic diseases). From 1936 until 1943 Dr. Sapy was in the medical corps of the Hungarian and Finnish Armies with special training in psychological warfare.

July 13, 1959, Dr. Thurmond O. Walker of Columbia, became a member of the medical staff with assignment to the Men's Service, Columbia Unit. He attended local schools, graduated from the University of South Carolina with a B.S. Degree. In 1958 received his Medical Degree at the Medical College of S. C., Charleston. July 1, 1959, completed a year's rotating internship at the Columbia Hospital, Columbia.

August 17, 1959, Dr. William Harold Hill joined the medical staff on the Men's Service, Columbia Unit. Originally from Spartanburg, S. C., Dr. Hill received a B.S. Degree from Furman University, Greenville, S. C.; and his Medical Degree from the Medical College of S. C., Charleston, in 1958. A year's internship was recently completed at the Greenville General Hospital. Prior to entering the Medical College of S. C., he was in the United States Army from November 7, 1951 until November 6, 1953.

November 23, 1959, Dr. Harry D. Tripp assumed his position as Assistant Chief of the Surgical Service. A native of

Bremen, Indiana, his pre-medical education was secured at the University of Notre Dame, Indiana; his M.B. and Medical Degrees from the Northwestern University Medical School, Chicago, Illinois; and his Master's Degree in Surgery from the University of Pennsylvania, Philadelphia. After engaging in private practice for several years, Dr. Tripp was a staff member of the Cleveland State Hospital, Cleveland, Ohio; the North Dakota State Hospital, Jamestown, North Dakota and recently the Florida State Hospital, Chattahoochee, Florida.

May 30, 1960, Dr. Rudolph Farmer, Jr., of Columbia, assumed his duties on the Women's Service, Columbia Unit, with transfer shortly thereafter to the Men's Service, Columbia Unit. A graduate of the Columbia High School, with pre-medical training at the University of S. C., Dr. Farmer secured his Medical Degree from the Medical College, Charleston, June 1958. After completion of a year's internship at the Medical Center Hospital, Charleston, he was a resident there in anesthesiology prior to reporting here.

April 18, 1960, Dr. Paul C. Wheeler returned to the medical staff with assignment to the Women's Service, State Park Unit. On September 25, 1959 Dr. Wheeler left for special training at the U. S. Veterans Administration Hospital, Richmond, Va., after having been on the Women's Service, State Park Unit since August 5, 1957.

Retirements

September 1, 1959, Dr. Glenn B. Carrigan, Chief, Men's Service, Columbia, Unit, retired after having been on the medical staff since January 2, 1923. He was succeeded as Chief by Dr. Leo E. Kirven, Jr.

October 1, 1959, Dr. Elmer W. Long, Senior Physician, Men's Service, Columbia Unit, retired, after service on the medical staff since April 13, 1926.

Detailed information in next section.

Separations

September 25, 1959, Dr. Paul C. Wheeler, State Park Unit, left for special training in Virginia. He returned to his position on the Women's Service on April 18, 1960. See above.

May 1, 1960, Dr. James M. Albergotti, Jr., on the medical staff, Men's Service, Columbia Unit, since February 1, 1958, separated from the hospital because of ill health.

June 20, 1960, Dr. Robert M. Prince, Jr., Women's Service, Columbia Unit, left for the prescribed three years residency training in psychiatry at the Dorothea Dix Hospital, Raleigh, N. C. He had been here since July 1, 1957.

June 25, 1960, Dr. William Harold Hill, Men's Service, Columbia Unit, since August 17, 1959, resigned and left to be associated with the Radiology Department, Vanderbilt University, Nashville, Tenn.

Promotion

July 13, 1959, Dr. Leo E. Kirven, Jr., Senior Physician, was appointed Acting Chief, Men's Service, Columbia Unit, following Dr. Glenn B. Carrigan's indication of retirement on September 1, 1959, and his relinquishing the position of Chief, Men's Service, Columbia Unit, for that of Senior Physician during the interim.

A graduate of the Medical College of S. C., Charleston, Dr. Kirven served his internship at the Columbia Hospital, Columbia, and engaged in private practice in his home community, Summerton, S. C., prior to reporting here as an Assistant Physician on December 1, 1955. His first assignment was to the Men's Service, State Park Unit, with transfer shortly thereafter to the Columbia Unit.

June 17, 1960, Dr. Kirven was appointed Chief Psychiatrist, Men's Service, Columbia Unit.

Official Leave for Observation Tours

During the week of November 9, 1959, Dr. Leo E. Kirven, Jr., Acting Chief, Men's Service, Columbia Unit, visited the Mount Sinai Hospital in New York City to observe the intensive treatment program on a psychiatric ward in a large general hospital. Most of the time was spent under the clinical supervision of Dr. Louis Linn with all phases of therapy observed. Dr. Kirven also visited the Mount Sinai outpatient clinic for psychiatric cases.

From January 14 to January 25, 1960 inclusive, Dr. Kirven in St. Elizabeth's Hospital, Washington, D. C., observed the

program for the care and rehabilitation of those alleged mentally ill persons charged with transgressions of the law. He also visited the maximum security areas, and attended Criminal Court hearings referable to such cases; observing the practical application of the legal procedures in these instances. The opportunity for observation at St. Elizabeth's was made possible by the In-Service Grant Training Program, Southern Regional Education Board, Atlanta, Georgia.

December 7-19, 1959, Dr. George C. Strozier, Men's Service, Columbia Unit, and Dr. Robert M. Prince, Jr., Women's Service, Columbia Unit, were in New York City observing the intensive treatment program for the mentally ill in effect in the psychiatric areas of the Mount Sinai Hospital. This opportunity to observe and secure information pertaining to the most modern techniques in the therapy of psychiatric cases was made available by the In-Service Training Grant Program, Southern Regional Education Board, Atlanta, Georgia.

April 18-May 4, 1960, Dr. Joe E. Freed, Chief, Women's Service, and Dr. Edward M. Burn, Senior Psychiatrist, both of the Columbia Unit, on Southern Regional Education Board In-Service Training Grants, visited a number of hospitals in the New York and Pennsylvania State hospital systems. They were particularly interested in observing and studying facilities and programs for the medical and psychiatric care of aged patients. Hospitals visited were selected as being representative of those offering the most recent approaches to this problem; and several were conducting pilot studies in the care and treatment of psychiatric aged patients. The S. C. State Hospital, as well as all other State hospitals, is faced with the problem of steadily increasing numbers of aged patients. There is complete awareness of this situation, and plans are now being formulated to build a modern geriatric center incorporating the most recent treatment programs.

DR. CARRIGAN AND DR. LONG RETIRED

Dr. Carrigan:

Effective September 1, 1959, Dr. Glenn B. Carrigan, Chief, Men's Department, Columbia Unit, retired after having been a medical staff member since January 2, 1923.

On July 13, 1959 when Dr. Carrigan indicated his retirement, he relinquished his position for that of Senior Physician, Men's Department, Columbia Unit, and was succeeded as Chief by Dr. Leo E. Kirven, Jr.

Originally from Society Hill, S. C., Dr. Carrigan graduated from the Medical College of S. C., Charleston, in 1920, and for more than two years was engaged in private practice in Society Hill prior to joining the hospital medical staff. For a long while he was in charge of the Negro women patients when that department was located in Columbia, and later upon their transfer to the State Park Unit. During World War II he was in charge of the Women's Departments at the Columbia and State Park Units.

Dr. Carrigan was clinical director from May 1, 1945 until October 1, 1948 when he resigned to assume the responsibility for the Men's Department, Columbia Unit, being given the title of Chief on October 1, 1950.

September 15, 1959, he assumed a position on the medical staff of the Mississippi State Hospital at Meridian, Mississippi. Dr. Long:

October 1, 1959, Dr. Elmer W. Long, Senior Physician, Men's Department, Columbia Unit, retired from hospital service after having been on the medical staff since April 13, 1926.

A graduate of the Medical College of S. C., Charleston, class of 1924, Dr. Long interned at the Columbia Hospital, Columbia, S. C., and was engaged in private practice in Barnwell, S. C., for a short while prior to becoming a medical staff member at the S. C. State Hospital.

DR. DANIEL W. DAVIS, JR. CONSULTANT, VASCULAR SURGERY

Effective November 10, 1959, the South Carolina Mental Health Commission in regular session on that date, appointed Dr. Daniel W. Davis, Jr., as consultant in vascular surgery at the S. C. State Hospital.

Originally from Greenville, Dr. Davis at a very early age came to Columbia where he graduated from the city schools. His undergraduate training was received at The Citadel, Charleston; and his Medical Degree from Duke University School of Medicine, Durham, N. C.

After an internship at Duke Hospital, there was a residency of one year in the Baylor University Hospital, Dallas, Texas, and five years in the surgical residency program in the New York Hospital where he was chief resident in surgery. He was also instructor in surgery at the Cornell Medical School prior to entering the private practice of his specialty in Columbia.

For two years Dr. Davis was with the Armed Forces in the European Theatre as Surgeon 97th General Hospital at Frankfurt, Germany.

He is a Diplomate of the American Board of Surgery.

DR. LEO F. HALL **CHEST PHYSICIAN AND CONSULTANT**

July 1, 1959, Dr. Leo F. Hall of Columbia assumed the position of Chest Physician and Consultant for both the Columbia and State Park Units on a part-time basis.

Originally from Wagener, S. C., Dr. Hall graduated from the Wagener High School prior to entering the University of S. C., Columbia, for his pre-medical training. His Medical Degree was secured from the Medical College of South Carolina, Charleston, in 1927, and since then there has been completion of several post graduate courses in his specialty at the University of Pennsylvania, Philadelphia; the Trudeau Sanatorium, Saranac Lake, New York; Bellevue Hospital, New York City; and others.

From 1927 until 1943 he was on the staff of the South Carolina Sanatorium, State Park, S. C., and since then he has been engaged in private practice in Columbia, and as the traveling chest clinician and radiologist for the S. C. State Board of Health on a part-time status, which position is still maintained.

PARTICIPATION IN MEETINGS

July 27, 1959, Dr. Joe E. Freed, Chief, Women's Service, Columbia Unit, spoke to the Sertoma Club of Columbia in the Wade Hampton Hotel referable to "What's New in Psychiatry."

October 19-22, 1959, Dr. W. P. Beckman, State Director of Mental Health, and Dr. William S. Hall, Superintendent, S. C. State Hospital, attended the eleventh Mental Hospital Institute of the American Psychiatric Association Mental Hospital Service in the Hotel Statler, Buffalo, New York. On the faculty of

the Mental Hospital Institute, Dr. Hall was also a member of the Program Committee for this Institute, and chairman of the Program Committee for the twelfth such Institute to be held in Salt Lake City, Utah, October 1960. See section Mental Hospital Institute, APA.

November 5, 1959, S. C. District Branch, American Psychiatric Association, President, Dr. Joe E. Freed, S. C. State Hospital, Columbia, met in joint session with the Southeastern Society of Neurology and Psychiatry, President, Dr. Leo R. Tighe, Veterans Administration Hospital, Augusta, Georgia, at the Jefferson Hotel in Columbia. Dr. William Malamud, President, American Psychiatric Association, spoke referable to "Communication Between Therapist and Patient." He is also Professor, Neurology, Boston University School of Medicine, Boston, Mass.; Research Director Scottish Rite Committee on the Study of Schizophrenia. Dr. Malamud was introduced by Dr. William S. Hall, Superintendent, S. C. State Hospital, past President, Southeastern Society of Neurology and Psychiatry, and first President, S. C. District Branch, APA.

November 5, 1959, immediately after the combined session, the S. C. District Branch, APA, held the fifth regular business session with Dr. Edward M. Burn, S. C. State Hospital, as the Secretary-Treasurer. During this meeting, Dr. Malamud informally discussed timely topics pertaining to the APA.

November 11, 1959, Dr. Beckman and Dr. Hall, with Dr. Kenneth M. Lynch, President, Medical College of S. C., and Dr. J. J. Cleckley, Department of Psychiatry, Medical College, Charleston, met at the College with the nine member Legislative-Governor's Mental Health Study Committee, Senator Earle E. Morris, Jr., of Pickens, Chairman, to study the possibility of expanding facilities for training psychiatric workers to meet the shortage of such personnel in the State.

December 4, 1959, Dr. Beckman and Dr. Hall attended a meeting of the special S. C. Legislative-Governor's Committee studying the problems of the aging citizens in South Carolina. The Chairman, Hon. Martha Thomas Fitzgerald, Richland County Delegation Member, House, S. C. General Assembly, advised that \$15,000 received from Federal Funds will help finance this study; and that the University of S. C. had been contacted for research work assistance; also that the committee had begun

working on a program of action for a White House Conference referable to their particular field. Participating in the December 4, 1959 planning session were representatives of the Board of Health, Department of Education, Welfare Department, Social Security, Mental Health Commission, Senior Citizens, Church Education, Vocational Rehabilitation, Employment Security Commission, S. C. State Hospital, and the Governor's office. Attending the meeting was Walter N. Pearce, Representative, Regional Office, National Welfare Office, Atlanta, Georgia.

December 7-9, 1959, Dr. Beckman, Dr. Lawson H. Bowling, Medical Director, Columbia Unit, and Dr. Elmore A. Martin, Chief Psychologist, S. C. State Hospital, attended in Atlanta a Research in Mental Health workshop sponsored by the Southern Regional Education Board.

January 15, 1960 over WIS Radio, Dr. Hall was the first speaker in a series of talks referable to the Progress Report, 1960 Project Psychiatric Committee, for World Mental Health Year. He discussed the mental health problem and the S. C. State Hospital in particular. Every Monday and Friday morning through March 18, 1960, pertinent three minute talks were presented by these:

S. C. State Hospital personnel: Dr. Sol B. McLendon, Medical Director, State Park Unit; Chief Chaplain J. Obert Kempson; Miss Martha Moore Bradley, R.N., Director, Nursing Education; Miss Beulah L. Gardner, R.N., Director, Nursing Service; Miss Joan Cook, R.N., Nursing Education Service; Dr. Elmore A. Martin, Chief Psychologist; Mrs. Ella B. Aiken, Librarian; Miss Ann W. Howe, Director, Music Therapy; Mrs. Edith L. Hudson, Director, Volunteer Service; and Dr. Charles S. Chandler, Director, Rehabilitation; William R. Montague, Rehabilitation; S. C. State Board of Nursing, Miss Carrie M. Spurgeon, R.N., Consultant; and the S. C. Mental Health Association, Harry R. Bryan, Executive Director. The initial program was arranged by Mrs. Lilyan R. Klein, R.N., Columbia, Chairman, Division of Nursing Education, and the Psychiatric Committee, S. C. League of Nursing, who on WIS Radio, January 11, 1960, explained the purpose of the series. The tape recordings will be played again during the year, and some will be used on the Saturday Monitor program in New York. Later additional tapes will be prepared by other departments, other mental health fa-

cilities and volunteer workers. Every effort will be made to attract World Mental Health Year to as wide an audience as possible.

February 11, 1960, at the Second Annual Institute for Hospital Auxiliary Members and Volunteers of the S. C. Hospital Association in the Wade Hampton Hotel, Columbia, Robert C. Boyd, Administrative Assistant, Professional Services, S. C. State Hospital, spoke on "The Administrator's Expectations of the Volunteer Program."

March 3 and 4, 1960, a Research Conference on Hospital and Ward Development sponsored by the Southern Regional Education Board and the S. C. State Hospital was conducted in The James F. Byrnes Clinical Center by several of the nation's leading experts in the mental hospital field, with the hospital as host. Dr. William P. Hurder, Associate Director for Mental Health, Southern Regional Education Board, Atlanta, Georgia, stated that, "This conference, one of the first of its kind in the South, is being held at the S. C. State Hospital because that institution is always a leader in seeking better ways to operate the mental hospital. And has an outstanding staff of research working on this problem." The S. C. State Hospital has received a grant from the National Institute of Mental Health to support this type of research. Attending the conference as consultants were: Dr. Alfred H. Stanton, Psychiatrist in Chief, McLean Hospital, Belmont, Mass., and Dr. Arthur L. Seale, Superintendent, Central Louisiana State Hospital, Pineville, La. Dr. Stanton is the author of the book, "The Mental Hospital," and many other publications. Dr. Seale recently studied development in the operation of European psychiatric hospitals and wards. He is noted for initiating one of the nation's first day-care mental hospitals in Lafayette, La.

March 31, 1960, at the annual and first independent meeting, S. C. District Branch, American Psychiatric Association, Jefferson Hotel, Columbia, Dr. Joe E. Freed, Chief, Women's Service, Columbia Unit, of the hospital, presided as the 1959-1960 president. Dr. Hall (first president, S. C. District Branch, APA) was elected as the S. C. Delegate to the Assembly of District Branches at the APA Convention in Atlantic City, New Jersey, in May 1960; with Dr. William G. Morehouse, Senior Psychiatrist, of the hospital as the alternate. Dr. Edward M. Burn,

Senior Psychiatrist, was the moderator of the panel discussion, "The Diverse Problems Encountered in the Private Practice of Psychiatry."

April 7-May 5, 1960, the Psychiatric Committee, S. C. League of Nursing, sponsored a weekly series of programs on the WIS-TV "Let's Find Out" production under the direction of Mrs. Alice Wyman, Coordinator, Extension Division, University of S. C., referable to "A Look at the Women's Intermediate-Exit Ward, S. C. State Hospital." The first speaker was Dr. Hall, hospital superintendent, who discussed, "Problems of Mental Illness." Other hospital personnel on the program were: Dr. Robert M. Prince, Jr., Physician Administrator; Mrs. Ursula Henry, R.N. and Mrs. Bernice Sligh, R.N.; Mrs. Jean Sugiyama, Social Worker; Dr. Boris Gertz, Psychologist; Mrs. Kathleen Johnson, Vocational Instructor; William R. Montague, Vocational Counselor. Mrs. Lilyan R. Klein, R.N., President, S. C. League for Nursing. Mrs. Boris Gertz, Volunteer Worker, likewise appeared on the program.

May 7-13, 1960, the 116th annual meeting, American Psychiatric Association, in Atlantic City, New Jersey, was attended by Dr. William S. Hall in these capacities: hospital superintendent; South Carolina delegate to The Assembly of District Branches, APA; vice chairman, Section on Mental Hospitals; and as consultant to the Mental Hospital Service. He also attended as a member, Committee on Psychiatric Nursing; and was a formal discussant of one of the papers presented in this Section, of which he became chairman at the May 1960 APA meeting. Dr. Hall presided as Chairman, Program Committee, for the 12th Mental Hospital Institute which will convene in Salt Lake City in the fall of 1960.

Other medical staff members at the American Psychiatric Association meeting were: Dr. William G. Morehouse and Dr. Leo E. Kirven, Jr., Columbia Unit; Dr. Robert C. Crichton and Dr. Donald S. Tarbox, State Park Unit.

May 17, 18, 19, 1960, the annual meeting, S. C. Medical Association, Ocean-Forest Hotel, Myrtle Beach, S. C., was attended by Dr. Hall; Dr. Jos. A. Tobin; Dr. Mary T. Tobin; Dr. Robert M. Prince, Jr. and Dr. R. B. Ford, Columbia Unit; Dr. Robert B. Neil and Dr. Ben F. Wyman, State Park Unit.

May 20, 1960, at the invitation of Dr. L. H. MacKinnon, Superintendent, Milledgeville State Hospital, Milledgeville, Georgia, these medical staff members were at the Heart of Atlanta Motel, Atlanta, Georgia, for the Four-State Trifluoperazine Conference on the uses of 'Stelazine' in neuropsychiatric hospitals: Dr. Leo E. Kirven, Jr.; Dr. Joe E. Freed; Dr. Edward M. Burn; Dr. T. O. Walker and Dr. William H. Hill, Columbia Unit; and Dr. Ben F. Wyman, State Park Unit. Dr. Kirven and Dr. Burn presented papers pertaining to the clinical uses of the tranquilizer 'Stelazine.'

June 20, 1960, Dr. Joe E. Freed and Dr. Edward M. Burn, Women's Service, Columbia Unit, participated in a panel discussion referable to "The Relationship of the Psychiatrist and the Pharmacist on the Public Health Team" at the 84th annual meeting, S. C. Pharmaceutical Association, Wade Hampton Hotel, Columbia, S. C. The moderator was Dr. Thos. D. Wyatt, S. C. Drug Inspector.

TALKS BY HOSPITAL SUPERINTENDENT

The hospital superintendent, Dr. William S. Hall, appeared on the program on these occasions:

June 16, 1959, at the luncheon meeting of the Rotary Club in Greenville spoke referable to "Service Problems of the S. C. State Hospital."

June 28, 1959, Men's Bible Class, First Presbyterian Church, Columbia, regarding "Patient Care in the S. C. State Hospital."

August 10, 1959, in the afternoon in the Horger Library, S. C. State Hospital, introduced Dr. John W. Kemble, Chairman, Department of Neurology, Medical College of S. C., Charleston, who spoke to the professional services group of the hospital.

August 10, 1959, in the evening welcomed the Columbia Medical Society at the monthly scientific meeting in the Benet Auditorium, Columbia Unit; and presented data about the hospital, the accomplishments, programs now in effect and prospective ones.

August 13, 1959, spoke to North Columbia-Eau Claire Business Men's Club at the Varsity Restaurant in Columbia on "Mental Health is Big Business."

August 24, 1959, addressed the Columbia Optimist Club at the Jefferson Hotel on "Patient Care at the S. C. State Hospital."

October 24, 1959, talked to Men's Club, Eau Claire Presbyterian Church, Columbia, regarding "Patient Care and Religious Services at the S. C. State Hospital."

November 5, 1959, at the annual meeting of the S. C. Mental Health Association in the Jefferson Hotel, Columbia, S. C., introduced the guest speaker, Dr. William Malamud, President, American Psychiatric Association, who spoke on "Research Against Mental Illness." During the morning session of this annual meeting, Dr. Hall participated in a panel discussion referable to "Legislation" with Senator Earle E. Morris, Jr., of Pickens, Chairman, Legislative-Governor's Mental Health Study Committee, and Hon. G. Weber Bryan of Sumter, Vice President, Region II, National Association of Mental Health.

November 5, 1959, the S. C. District Branch, American Psychiatric Association, and the Southeastern Society of Neurology and Psychiatry, at a joint session in the Jefferson Hotel, had as the guest speaker, Dr. William Malamud, President, American Psychiatric Association, who was introduced by Dr. Hall, Past President, Southeastern Society of Neurology and Psychiatry, and first President, S. C. District Branch, APA.

November 19-20, 1959, participated in discussions at the Regional Conference, State Mental Health Program Directors, Region IV, Florida State Board of Health, Jacksonville, Florida.

December 22, 1959, recognition and plaques awarded winners at the Columbia Unit in the holiday decorations contest sponsored by the Recreation Therapy Department, Mrs. Frances C. Shimmel, Director.

December 30, 1959, spoke at the Columbia Veterans Administration Hospital on the subject, "Mental Health Statutes of South Carolina."

January 4, 1960, discussed "The Present and Future of Mental Illness in S. C." at the Anderson County Mental Health Association meeting in Anderson, S. C.

January 15, 1960, spoke on WIS-TV regarding the mental health problem and the S. C. State Hospital.

January 19, 1960, at meeting of the Blake Elementary School PTA, Greenwood, S. C., discussed the "Reports of the Joint Legislative-Governor's Mental Health Study Committee" of which Senator Earle E. Morris, Pickens County, is Chairman.

January 18, 1960, addressed the Columbia Rotary Club, Columbia, referable to "Mental Illness Roulette."

February 1, 1960, talked to Daughters of the Holy Cross, Trinity Episcopal Church, Columbia, regarding "The S. C. State Hospital."

February 3, 1960, addressed the Charleston County Mental Health Association, Charleston, at the annual meeting referable to "Recent Progress at the S. C. State Hospital."

March 2, 1960, welcomed Legislative personnel of about 100 at dinner in the Benet Auditorium, Columbia Unit, following extensive tour of the Columbia Unit.

March 3-4, 1960, welcomed group of National experts in the mental hospital field attending Research Conference on Hospital and Ward Development sponsored by the Southern Regional Education Board and the S. C. State Hospital.

March 24, 1960, addressed group at the Southern Methodist College, Aiken, at the invitation of Hon. John A. May, Aiken County Representative, S. C. General Assembly, on "The Care of the Mentally Ill at the S. C. State Hospital."

March 31, 1960, at the annual mental health rally luncheon, Columbia Hotel, Columbia, discussed "Operation Friendship" scheduled at the S. C. State Hospital during Mental Health Week, May 1-7, 1960.

April 7, 1960, Dr. Hall's talk referable to "Problems of Mental Illness" was the first in a weekly series of five programs (April 7-May 5, 1960) produced by the University of S. C. Extension Division "Let's Find Out" on the Columbia WIS-TV station. This series was arranged and sponsored by the Psychiatric Committee, S. C. League of Nursing.

April 21, 1960, addressed the Pee Dee Medical Association at the Little Pee Dee Lodge near Marion, S. C., on the topic, "The South Carolina Mental Health Act and The Practicing Physician."

May 6, 1960, welcomed and introduced guests and personnel in the Benet Auditorium, Columbia Unit, when the Psychiatric Aides of the Year 1959 were honored by the hospital and the S. C. Mental Health Association.

May 23-24, 1960, was on the program of the Evaluation Conference of the In-Service Exchange Program, Southern Re-

gional Education Board, at the Henry Grady Hotel, Atlanta, Georgia.

May 25, 1960, during the afternoon in the Benet Auditorium, Columbia Unit, presented Dr. Herman B. Snow, Senior Director, St. Lawrence State Hospital, Ogdensburg, New York, who spoke to the personnel on "The Open Door Policy."

May 25, 1960, Dr. Hall was the moderator of the panel discussion of "Current Trends in the Use of Therapeutic Drugs" at the joint meeting of the Second Medical District and the Edisto Medical Society at "Berry's-on-the-Hill Restaurant" in Orangeburg, S. C.

At this time he also briefly discussed the S. C. State Hospital, and introduced Dr. Herman B. Snow, Senior Director, St. Lawrence Hospital, Ogdensburg, N. Y., who related experiences there referable to using psycho-therapeutic drugs.

June 1, 1960, in the Benet Auditorium presented service awards and certificates to 77 of the personnel with continuous years of service from 5 to more than 30 years—and paid tribute to 9 who retired during 1959.

June 2, 1960, in the Fisher Auditorium, State Park Unit, honored 58 of the personnel there and 5 from Pineland, A State Training School and Hospital, with emblems and certificates for continuous service—and paid tribute to 2 from the hospital who retired in 1959.

June 7, 1960, addressed the Anderson Rotary Club, Country Club, Anderson, on the subject, "Mental Illness Roulette."

June 14, 1960, in The James F. Byrnes Clinical Center, Columbia Unit, talked informally to a special group of affiliate student nurses from the Lander College School of Nursing, Greenwood, S. C.

June 16, 1960, welcomed and introduced the Princeton Presbyterian Theological Seminary Choir, Princeton, New Jersey, at the luncheon in The James F. Byrnes Clinical Center, and also when the concert for patients was presented in the Benet Auditorium.

At various times during the year presented certificates of retirement to personnel from both the Columbia and State Park Units.

Many talks made to groups of psychiatric aides; affiliate student nurses; to the personnel generally; clinical pastoral students; medical students; junior interns and to the hospital medical staff.

PSYCHIATRIC RESIDENCY TRAINING PROGRAM

July 1, 1959, Dr. George H. Orvin of Charleston, returned to the Medical College of South Carolina, Charleston, to complete his residency training in the specialty of psychiatry, after completing the prescribed six months training in psychiatry at the S. C. State Hospital. As the first physician resident in this program Dr. Orvin had been at the hospital since January 3, 1959.

January 1, 1960, Dr. R. Bruce Ford, Senior Resident in Psychiatry, Medical College of S. C., reported as the second physician resident for the prescribed six months training in psychiatry at this hospital.

Originally from Easley, S. C., Dr. Ford graduated from Furman University, Greenville, S. C., in 1953 and received his Medical Degree from the Medical College of S. C. in 1957. Immediately after an internship at the Medical Center Hospital, Charleston, Dr. Ford returned to the Medical College of S. C. for residency training in psychiatry.

This three year approved training program of the Department of Psychiatry, Medical College of S. C., includes a period of six months residency training in psychiatry at the S. C. State Hospital.

There is particular gratification in the inauguration of this psychiatric training program since the initiation in January 1959 was the first time in the history of the S. C. State Hospital that physicians have been in training here as a part of an officially recognized training program in psychiatry. Further, this program will augment other training programs already in existence or contemplated.

The residency in psychiatry encompasses all the usual benefits of a training program. The mutual stimulation in the work which inevitably accompanies working together of trainees and trainors is of paramount importance. In this atmosphere, medical skills are intensified and improved, and all concerned are benefited, especially those who need professional treatment—the hospital patients.

JUNIOR MEDICAL INTERNS

Summer of 1959

On August 28, 1959, rising juniors from the Medical College of South Carolina, Charleston, who had been at the hospital as junior medical interns since June 8, 1959, left for continuance of their studies.

In the group were: Wesley L. Betsill of Arlington, Va.; and from South Carolina, Misses Carla Frances DuBose, Easley; Sallie McCants, Columbia; Ann A. McIntosh, Cayce; and Barbara Ann Threatt of Rock Hill.

Junior interns Betsill, McIntosh and McCants were on duty at the Columbia Unit; the other two at the State Park Unit, with assignments by staff physicians to special services. They performed routine ward medical activities, attended staff conferences, and in general secured knowledge and insight into mental illnesses and methods of therapy therefor.

Summer of 1960

Reporting on Monday, June 6, 1960, for summer work as junior interns, with assignment to the Columbia Unit were: Miss Harriett M. Harman of Columbia, from Vanderbilt University School of Medicine, Nashville, Tennessee; and from the Medical College of S. C., Charleston, John R. Bailey of Anderson; Carl J. Hiller, Greenville; and James D. Morgan, Charleston.

MEDICAL STUDENTS

Throughout the year small groups of senior students from the Medical College of S. C. continued to be assigned to the hospital for two weeks each for intensive psychiatric studies and practical ward experience.

DR. BECKMAN AND DR. HALL COMPLETE COURSE INSTITUTE, EXECUTIVE DEVELOPMENT

From September 28 through October 8, 1959, Dr. W. P. Beckman, State Director of Mental Health, and Dr. William S. Hall, Superintendent, S. C. State Hospital, were in Chicago for completion of the course at the Institute in Executive Development for Psychiatric Administrators conducted at the International House, University College, The University of Chicago.

As reported previously, Dr. Beckman and Dr. Hall were in Chicago from May 10 through May 22, 1959 for the first semester of this program.

The University College is the center for programs in government administration with a faculty of specialists to present and consider current ideas concerning organizational structure and its bearing on administrative effectiveness. Considered in the seminars are institutional and cultural problems involved in modern organization, the organization as an incentive system, and the problems of influence, authority and power.

DR. BOWLING COMPLETED COURSE COLUMBIA UNIVERSITY

June 6, 1960, Dr. Lawson H. Bowling, Medical Director, Columbia Unit, returned from an educational leave of absence for special courses in administrative psychiatry at the College of Physicians and Surgeons, Columbia University, New York City.

He was awarded the degree of Master of Science, as well as being certified by the American Psychiatric Association as a Qualified Hospital Administrator.

The academic work was begun on September 15, 1958, with Dr. Bowling resuming his position at the hospital on February 4, 1959. After a year, he again returned to Columbia University on February 1, 1960 for another four months studying, resuming his hospital duties on June 6, 1960.

While at Columbia University, he was a guest psychiatrist for discussions about the present situations and problems in mental hospitals, especially a State hospital, at the monthly meeting of a recently organized group of hospital administrators. He was also a guest speaker at the staff meeting, Psychiatric Unit, Abington Memorial Hospital, Abington, Penn., on the subject of "Administrative Psychiatry," with particular reference to the Columbia University course, and to an outlined discussion of plans and problems at the S. C. State Hospital.

DR. KEMBLE OF GEORGIA, SPEAKER, COLUMBIA MEDICAL SOCIETY

On August 10, 1959, Dr. John W. Kemble, Chairman, Department of Neurology, Medical College of Georgia, Eugene Tal-

madge Memorial Hospital, Augusta, Georgia, was the guest speaker at the monthly scientific meeting of the Columbia Medical Society in the Benet Auditorium, S. C. State Hospital. His subject was "Peripheral Neuropathies."

Following a tour of the recently activated James F. Byrnes Clinical Center, dinner was served in the Benet Auditorium to 110 guests.

Dr. Hall welcomed the guests, including C. M. Tucker, Jr., of Pageland, Chairman, S. C. Mental Health Commission, who spoke briefly referable to the Commission and the work of the hospital.

Dr. Hall presented data about the hospital, the accomplishments, programs now in effect, and prospective ones. He then introduced the speaker.

Presiding was the president of the Columbia Medical Society, Dr. Leland J. Brannon.

HOSPITAL GROUP ADDRESSED BY DR. KEMBLE

At 3:00 o'clock, August 10, 1959, Dr. John W. Kemble, in the city for the Columbia Medical Society meeting (see above) addressed the professional services group of the S. C. State Hospital in the Horger Library Club Room pertaining to "Vascular Anomalies of the Brain." He was introduced by the hospital superintendent, Dr. William S. Hall.

DR. SNOW—"OPEN DOOR POLICY"

On May 25, 1960, at 3:00 p.m., in the Benet Auditorium, Columbia Unit, Dr. Herman B. Snow, Senior Director, St. Lawrence State Hospital, Ogdensburg, New York, spoke to the personnel on "The Open Door Policy" in effect at the St. Lawrence State Hospital for the past three and one half years with only beneficial results. This is the only mental hospital in the country that is 100 per cent "Open Door" i.e., without restraints and locked doors.

Patients in the St. Lawrence State Hospital, even those with homicidal or suicidal tendencies, are given needles, scissors and other instruments heretofore regarded as dangerous, and permitted to move about freely. In the years of the "Open Door Policy," none have committed suicide or homicide, and very few

have left without permission. Many so-called violent patients only become disturbed when restrained; and Dr. Snow stated that such patients have free range about the hospital. When tranquilizers are indicated at times, such treatment is given immediately. He cited many cases which proved the wisdom and efficacy of the "Open Door (without restraint) Policy."

Dr. William S. Hall, Superintendent, S. C. State Hospital, made the statement that this hospital is now approximately 50 per cent "Open Door." The ultimate goal is to open as many wards as possible throughout the entire hospital. When this can be accomplished cannot be predicted.

The mentally ill in the criminal group constitute another problem, and the "Open Door Policy" does not apply until such time as privileges can be accorded with safety.

LEGISLATIVE TOUR OF HOSPITAL

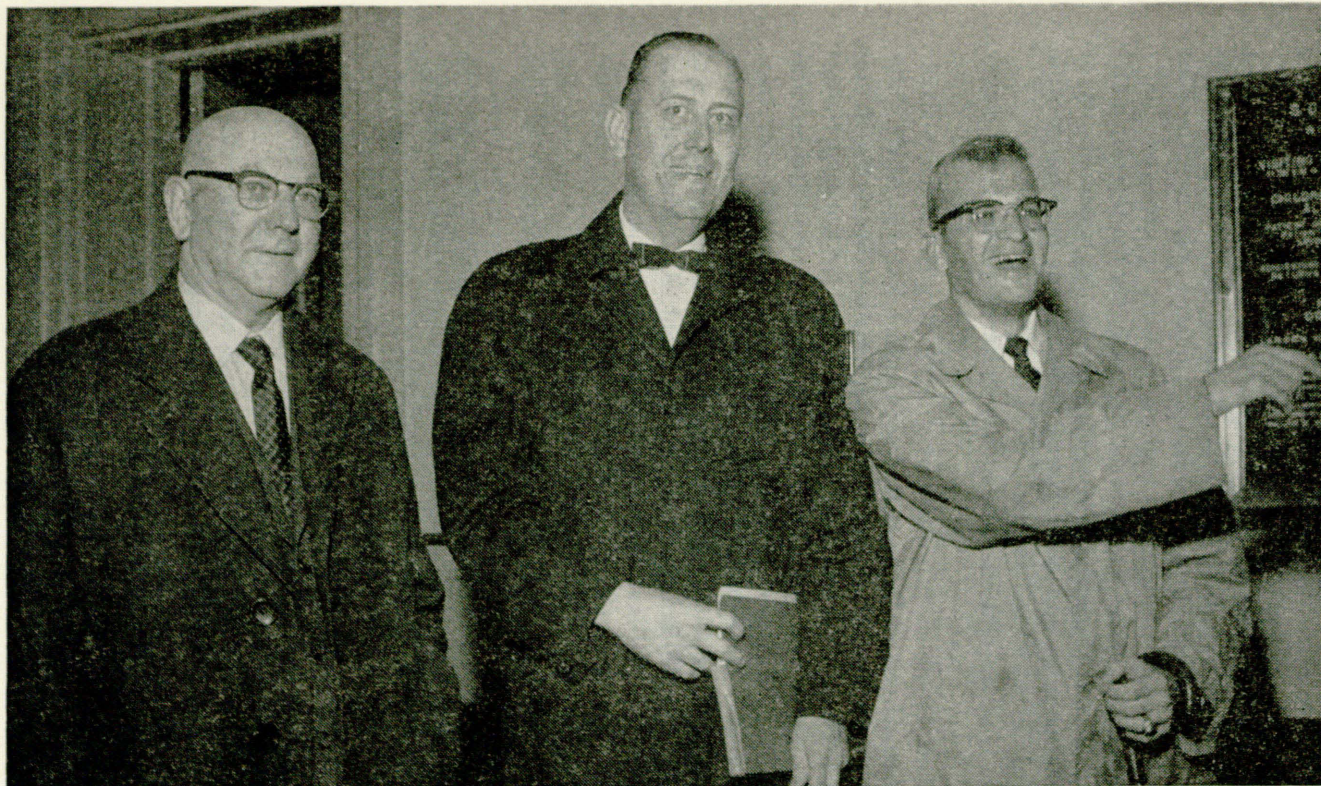
March 2, 1960, about 100 of the Legislative personnel were conducted during the afternoon through representative areas of the Columbia Unit, S. C. State Hospital, for personal observation of existing overcrowding; and the urgent need for renovations and improvements, as well as additional facilities, especially for elderly persons. Half of the tour was devoted to showing modern facilities provided by recent appropriations.

The invitation to visit the hospital was extended to Governor Ernest F. Hollings, the General Assembly of S. C., the Legislative Council and the S. C. State Auditor, together with all clerks and attaches associated therewith, by the S. C. Mental Health Commission, the S. C. Mental Health Association, and Dr. William S. Hall, Superintendent, S. C. State Hospital.

In spite of the most unfavorable weather, snow and sleet, the visitors were able to make an extensive tour and to secure much information about the physical facilities and the needs at the hospital.

The tour was concluded at the Benet Auditorium where dinner was served, and the guests welcomed by Dr. Hall, who expressed appreciation to the General Assembly for the consideration given the hospital, and for the interest in the mentally ill.

Hon. Sol Blatt, Speaker, House of Representatives, paid tribute to Dr. Hall for his service and dedication to the cause



Hon. Sol Blatt, Barnwell County, Speaker, House of Representatives; Dr. William S. Hall, Superintendent, S. C. State Hospital; and Hon. Earle E. Morris, Jr., Senator, Pickens County, Chairman, Joint Governor's-Legislative Mental Health Study Committee, beginning their tour of the hospital when the Legislative personnel and other State officials were guests on March 2, 1960.

—Photo by Bud Shealy, The State

of the mentally ill. He also complimented Senator Earle E. Morris, Jr., Pickens County, Chairman, Joint Legislative-Governor's Mental Health Study Committee, for his keen interest in the hospital and the mentally ill. Hon. Blatt emphasized the need for new buildings to replace antiquated ones, and the need for additional buildings, as well as facilities to care for elderly patients. He praised the General Assembly for the interest manifested in the hospital needs; and stressed the responsibility of the Legislature and the citizens generally in helping provide needed facilities and urgently needed new buildings.

Dr. Hall introduced these at the speakers' table: Hon. Edgar A. Brown, President pro tem of the Senate; Hon. Sol Blatt, Speaker, House of Representatives; Hon. Rex L. Carter, Speaker pro tem, House of Representatives; Senator Earle E. Morris, Jr., Pickens County, Chairman, Joint Legislative-Governor's Mental Health Study Committee; Judge William L. Rhodes, former Chairman, Ways and Means Committee, House of Representatives; E. P. Ellis, Jr., Vice President, S. C. Mental Health Association; W. G. Edwards, Sr., Member, S. C. Mental Health Commission; Dr. W. P. Beckman, State Director of Mental Health; Dr. William Weston, Jr., President, S. C. Medical Association; Dr. William E. Winter, representing the State-Record newspapers; and Chief Chaplain J. Obert Kempson, who delivered the invocation.

Organ dinner music was rendered by Mrs. David C. Embler of Columbia.

The Cherokee Garden Club arranged the table decorations. Favors were ash trays made of Edisto Beach shells by patients in the hospital Rehabilitation Department.

ACTIVITY THERAPY GROUP (ATG)

In existence since January 1958, the Activity Therapy Group was of value to the patients and the hospital generally in the accomplishment of many objectives.

Efforts were made to plan, coordinate and facilitate the optimum functioning of all therapies; to effect the aims of the National Institute of Mental Health Grant (OM-54), i.e., create and maintain a therapeutic community or treatment setting.

The monthly meetings afforded discussions of activities, problems, solutions, improvements, etc., and were most helpful to the personnel in working directly with the patients.

AUXILIARY PROMOTIONAL COUNCIL

The Auxiliary Promotional Council (APC), composed of patient representatives from the different services, medical staff members, and directors of the auxiliary therapies, organized in January 1958, met twice each month to promote auxiliary activities and for a free discussion of the patients' interests.

AWARD TO HOSPITAL COMPTROLLER

From June 13 through 24, 1960, E. A. Hall, Jr., Comptroller, South Carolina State Hospital, attended the Executive Development Program sponsored by the University of South Carolina School of Business Administration, from which he was awarded a Certificate.

There were 23 in this class comprised of prominent business men from the States of Alabama, Florida, Georgia, North and South Carolina.

BUILDING PROGRAM

For information as to permanent improvements, repairs and renovations refer to the report of the General Plant Division, Finance and that of the Architects.

BUS SERVICE

On October 9, 1959, bus service was initiated with the purchase of three buses—two of the 32 capacity and the other of 60 capacity. One was assigned to the Columbia Unit, another delegated to serve the State Park Unit, as well as Pineland, A State Training School and Hospital; and the third larger vehicle to be held in reserve for special needs.

There is no fee for bus service operated on regular schedules and routes.

Buses may be utilized by patients, visitors and employees. The only exception is that off duty employees are not permitted to ride between the Columbia Unit and the State Park Unit.

CERTIFICATES AWARDED

November 5, 1959, at the annual meeting of the S. C. Mental Health Association in the Jefferson Hotel, Columbia, among those presented certificates for services in the mental health

program were hospital personnel: DeBruhl J. Cobb, Supervisor, Rehabilitation Training Project; and Mrs. Edith L. Hudson, Director, Volunteer Services. Charles S. Chandler, Ph.D., Director, Rehabilitation Department, and Mrs. Hudson participated in the discussions during the Idea Exchange.

March 1960, while in Battle Creek, Michigan, attending a Conference on Utilization of Mental Hospitals in Civil Defense Emergencies, Robert C. Boyd, Administrative Assistant, Professional Services, accepted in behalf of the hospital a Certificate of Appreciation "awarded to the S. C. State Hospital for outstanding service to civil defense by participating, voluntarily and at its own expense, in the development of awareness of the capabilities of mental hospitals for civil defense."

May 19, 1960, at the United Community Services Awards luncheon, Wade Hampton Hotel, E. A. Hall, Jr., Comptroller, and as Chairman, UF Campaign at the hospital; together with Dr. Sol B. McLendon, Acting Superintendent (in the temporary absence of Dr. Hall), S. C. State Hospital, in behalf of the hospital accepted beautiful plaques for outstanding participation, 85%, of the personnel at both the Columbia and State Park Units, and at Pineland, A State Training School and Hospital.

CHAPEL BUILDING FUND

The securing of funds for an adequate structure devoted to religious activities was again activated by the hospital superintendent, Dr. Hall, with formation of a committee of laymen and clergy in the city.

Plans have been made for an intensive effort to secure the funds required to supplement those already available for adequate places of worship at both units of the hospital.

In November 1943, white patients at the Columbia Unit initiated the fund for the proposed building solely for religious services there. With additional contributions from them, from relatives, friends and groups, the fund has gradually increased to the present amount of slightly more than \$60,000.00—made possible by matching the \$30,000.00 appropriation of the General Assembly several years ago. This money is now on deposit to be used for the All Faith Chapel when a sufficient amount is available.

CHAPLAINCY DEPARTMENT

Pastoral Care

The major focus of the chaplaincy program continued to be pastoral care which was reflected in the total of 14,011 patient contacts made by the chaplains at the Columbia Unit and the State Park Unit.

Pastoral care responsibilities included interviews with newly admitted patients, as well as with returned ones; intensive counseling sessions; counseling on request; and visits with the seriously ill. There were 180 contacts with relatives of patients; and 1,008 visits with ill members of the hospital personnel.

Worship

Worship services were conducted each Sunday at six locations, and on alternate Sundays at two additional locations, with a total of 321 sermons delivered by the chaplains. Visiting priests held 24 masses for Catholic patients and 99 Protestant Holy Communion services were conducted.

Devotional services were held at 24 locations on a bi-weekly basis for the infirm and those otherwise unable to attend regular services.

On Good Friday, Easter, Thanksgiving and Christmas special devotions were held in the Benet and Fisher Auditoriums, as well as on numerous wards.

A Christmas pageant written by a patient was presented by patients from the Music Therapy and Chaplaincy Departments.

At both the Columbia Unit and the State Park Unit observance of Religious Emphasis Week featured clergymen of the community as the guest speakers. At the Columbia Unit this was sponsored by the patients' Religious Activities Council.

During the year the responsibility for music at worship services was delegated to the Music Therapy Department.

Clinical Pastoral Training and Residency

Participating in eleven periods of clinical pastoral training were nine theological students and ministers from several seminaries and representing different denominations.

Student chaplains engaged in clinical pastoral training at the S. C. State Hospital during the summer of 1959 (June 8-August 27, 1959) were:

Robert F. Cherry of Louisville, Kentucky and David A. Fort, Gaffney, S. C., from the School of Theology, University of the South, Sewanee, Tenn.; Joe D. Glass, Jr., Kannapolis, N. C., Lutheran Theological Southern Seminary, Columbia, S. C.; Charles A. Bledsoe of Perry, Georgia; Marshall T. Ware, Richmond, Va. and George M. Maxwell of Augusta, Ga. and Columbia, S. C., from the Virginia Theological Seminary, Alexandria, Va. and The Rev. David H. Moylan of Walterboro, S. C., formerly pastor, Ashpole Presbyterian Church, Rowland, N. C.

On September 5, 1959, The Rev. David H. Moylan of Walterboro, S. C., completed his chaplain residency and left for the position of pastor of the Ebenezer Presbyterian Church in Rock Hill, S. C. Formerly pastor of the Ashpole Presbyterian Church, Rowland, N. C., he reported at the hospital on March 2, 1959 for the clinical pastoral training course, upon completion of which on August 27, 1959, he became a chaplain resident.

On January 2, 1960, The Rev. H. Valk of Roseland, New Jersey, a recent graduate of the Princeton Theological Seminary, Princeton, N. J., came as a chaplain resident.

On January 4, 1960, The Rev. John B. Hunter, Atlanta, Georgia, began a one year chaplain residency here. A graduate from Mercer University, Macon, Georgia, with seminary training at Southwestern Baptist Seminary, Fort Worth, Texas, Chaplain Hunter has served as a Baptist minister for 20 years, and for the past four and one half years was pastor of the Emory Baptist Church in Atlanta.

Personnel Changes

From September 7, 1959 until December 31, 1959, The Rev. James C. Fenhagen, Rector of St. Michaels and All Angels Episcopal Church in Columbia, S. C., served as part-time chaplain at the Columbia Unit. He was a student chaplain here during the summer of 1952 prior to graduating from the Virginia Theological Seminary, Alexandria, Va., in 1954.

On January 3, 1960, The Rev. Frank T. Fair, Pastor, Royal Baptist Church, Anderson, S. C., and part-time instructor at

Benedict College in Columbia, assumed his duties as chaplain at the State Park Unit on a part-time basis. He has earned degrees from Benedict College; Crozier Theological Seminary, Philadelphia, Penn.; and Gammon Theological Seminary in Atlanta, Georgia.

Miscellaneous

The Christmas gift program at the State Park Unit continued to be sponsored by the Chaplaincy Department with the churches of South Carolina sharing in the project.

The chaplains functioned as members of the multidisciplinary teams; and also engaged in some studies to determine the effectiveness of clinical pastoral training as a change agent for the participants in such a program.

Meetings, Etc. Attended

The chaplains had many opportunities for community contacts and for conducting discussion groups, delivering addresses and sharing in numerous workshops on counseling and on phases of religion and health.

November 18, 1959, Chief Chaplain J. Obert Kempson attended the meetings of the Department of Pastoral Services, National Council of Churches, in New York City, of which he is a member; and also as a member of the Commission on Ministry in Institutions.

November 20-21, 1959, in New York Chaplain Kempson attended meetings of the Board of Governors of the Council for Clinical Training, Inc., in which he is chairman of the Standards Committee.

October 26-29, 1959, at the Conference of Chaplain Supervisors, Council for Clinical Training, Inc., in St. Louis, Missouri, he presented a research paper, which he co-authored with Dr. Malcolm D. Gynther, Psychology Department, S. C. State Hospital, entitled, "Summary of Studies Investigating Personal and Interpersonal Changes in Clinical Pastoral Training."

March 26 through April 1, 1960, Chaplain Kempson, as a member of the S. C. official delegation, attended the White House Conference on Children and Youth called by President Dwight D. Eisenhower.

May 16, 1960, Chaplain Collie L. Moore, State Park Unit, attended in Tuskegee, Alabama, the Central Conference Board for Ministerial Training.

May 9-13, 1960, Chief Chaplain Kempson and Chaplain Moore were present at the Association of Mental Hospital Chaplains in Atlantic City, N. J., during the American Psychiatric Association Convention.

June 21-26, 1960, Chaplain Moore was in Tuskegee, Alabama, for the Central Alabama Conference of Methodist Churches.

CHRISTMAS ACTIVITIES

The wide-spread interest in the more than six thousand, five hundred patients in the S. C. State Hospital was again evidenced by the multitude of gifts and various thoughtful services provided by relatives and friends, as well as churches, civic and service clubs.

Throughout both the Columbia and the State Park Units were attractive, colorful decorations, and many gaily bedecked trees.

Numerous parties and dances were arranged by the hospital, and also by volunteers, church groups and individuals.

The holiday activities began at the Columbia Unit on December 9, 1959 with the annual beautiful, impressive lighting of the towering Christmas tree in the plaza facing the Administration Building. The Music and Chaplaincy Departments presented a program of a devotional, carols, other special music and the Nativity story with patients, affiliate student nurses and personnel participating, together with Miss Ann W. Howe, Director of Music Therapy, and her assistant, Miss Glenn Lightsey; Chief Chaplain J. Obert Kempson and Chaplain Wm. M. Major.

On December 15, 1959, a beautiful Christmas tree lighting ceremony was at the State Park Unit in front of the Fisher Auditorium, with a patient officially lighting the tree. Participating were patients individually and in groups, as well as Chaplain Collie L. Moore and Recreation Director Leon M. Elam.

CIVIL DEFENSE ACTIVITIES

July 10, 1959, among the thirty two who received certificates of graduation from the Civil Defense Staff College Course at the

University of South Carolina Russell House, Columbia, were Robert C. Boyd, Administrative Assistant, Professional Services, and Edward C. Knight, Assistant Business Manager, S. C. State Hospital.

The four and one half day course sponsored by the State Civil Defense Agency and the University Extension Division was the first of seven such courses to be presented throughout the State on various phases of civil defense work. Those who took the course will become instructors for smaller groups in various sections of the State. Among the subjects taught were some dealing with industrial survival, continuity of government, national warning system, organizing to meet emergencies, and factors in emergency management.

March 17, 18, 19, 1960, Robert C. Boyd attended in Battle Creek, Michigan, a Conference on Utilization of Mental Hospitals in Civil Defense Emergencies. For the hospital he accepted a Certificate of Appreciation "awarded to the S. C. State Hospital for outstanding service to civil defense by participating, voluntarily and at its own expense, in the development of awareness of the capabilities of mental hospitals for civil defense." This was issued by the Executive office of the President, Office of Civil and Defense Mobilization, and signed by Leo A. Hough, Director.

CLINIC DAY FOR COLLEGE-UNIVERSITY STUDENTS

April 5, 1960 was the annual "Clinic Day" at the S. C. State Hospital for more than 400 psychology students from 15 South Carolina colleges and universities; Queen's College in Charlotte, N. C. and Emory University, Atlanta, Georgia.

With Dr. Boris Gertz of the Psychology Department as coordinator, a well rounded, interesting program was presented in the Allan and Saunders Buildings (women), Columbia Unit, with lectures, group sessions, conferences, informal talks with patients and demonstrations of various types of mental illness with discussions of many types of therapy.

Participating were Dr. William G. Morehouse, Staff Psychiatrist, together with Dr. Gertz, Dr. Ken Nickerson, Clinical Psychologist and Dr. LaVerne Irvine, Social Psychologist, assisted by personnel from the various departments represented on the treatment teams.

In each building opportunities were afforded to observe the team approach, and the day of activities was completed with a tour of the ancillary therapy departments—library, occupation, music and recreation.

The group had lunch in the Food Center Cafeteria.

DERMATOLOGY CLINIC

The semi-annual conference of dermatologists of North and South Carolina was held in the Hotel Columbia on September 20, 1959, with a dermatology clinic in The James F. Byrnes Clinical Center, S. C. State Hospital, on Sunday, September 20, 1959, from 8:30 to 11:30 a.m.

Personnel from the hospital laboratories and the nursing services assisted in this interesting and worthwhile demonstration.

EMPLOYEES' ANNUAL OUTING

June 17, 1960, at Hendrix's Landing in Lexington County was held the annual barbecue and dance sponsored by the S. C. State Hospital Directors of the S. C. State Employees Association.

FORUM

The Forum, formally organized December 10, 1957, afforded opportunities for all hospital personnel from both units to meet for discussions of literally anything pertaining to the operation of the hospital and any of its areas, or referable to the understanding, care and treatment of the mentally ill. Occasionally there was a guest speaker.

HOLIDAY DECORATIONS CONTEST

An innovation during the 1959 Christmas holidays was the awarding of plaques and recognition at both units for the best decorated ward or building. Criteria for judging included general effect, beauty, originality, ingenuity and creativeness. Consideration was given to the type of area, and to the degree of interest and work the patients were capable of doing with staff motivation. See reports of Recreation Departments.



INFORMATION CENTER, SOUTH CAROLINA STATE HOSPITAL

The recently completed Information Center at the South Carolina State Hospital, which began service on Wednesday, July 29, 1959, is another forward step in the hospital improvement program. Dr. William S. Hall, hospital superintendent, shown in the photo, has expressed the opinion that this facility, located on the avenue from the main entrance, Columbia Unit, will prove most satisfactory in assisting the hundreds of visitors. Instead of coming into the Administration Building on regular visiting days, each visitor will secure from the Information Center a card on which will be the name of the patient and the designated ward. This card will be left with the hospital ward personnel as a permanent record. On Sunday, when the visitors are far more numerous, the hospital traffic control personnel will be available to render every assistance.

—Photo by Wm. T. (Bud) Shealy

INFORMATION CENTER—COLUMBIA UNIT

On Wednesday, July 29, 1959, the new Information Center on the avenue from the Bull Street-Elmwood Avenue entrance to Columbia Unit was activated as another forward step in the S. C. State Hospital improvement program. Instead of coming into the Administration Building for registration, except on non visiting days, the visitor will secure from the Information Center on the campus the required "Permit to Visit" and will be directed to the area in which the patient resides. This card will be left with the hospital personnel as a permanent record. On Sunday, when visitors are far more numerous, the hospital traffic control personnel will be available to render every assistance.

MANUAL—1959

The new S. C. State Hospital Employees' Rules and Regulations 1959 Manual authorized by the S. C. Mental Health Commission and prepared as a responsibility of Personnel Director John W. Whitehouse was displayed at the 11th Mental Hospital Institute in Buffalo, New York, October 19-22, 1959. Copies have been sent to other State Hospitals as requested.

MEETING OF PROBATE JUDGES

October 16, 1959, the 12th annual convention of the S. C. Association of Probate Judges at Clemson House, Clemson, S. C., was attended by E. A. Hall, Jr., Comptroller, and C. W. S. Horne, Registrar, S. C. State Hospital, who spoke referable to their hospital activities.

Absence from the State prevented the hospital superintendent, Dr. William S. Hall, from accepting the invitation to appear on the "Open Forum" during the banquet.

MERCURY VAPOR LIGHTS

The mercury vapor lights installed in May 1960 on the Administration Building and the adjacent wings toward the infirmaries at the Columbia Unit, as well as at the circle on the campus, not only contribute to safety measures, but greatly beautify the grounds. Similar lights on The James F. Byrnes Clinical Center and The Williams Building are most helpful.

NAMES OF SERVICES CHANGED

Effective June 17, 1960, the names of all services were officially designated as follows, with necessary changes made in all documents and records:

Columbia Unit	—	Men's Service	—	Women's Service
State Park Unit	—	Men's Service	—	Women's Service

NATIONAL MENTAL HEALTH WEEK ACTIVITIES

The South Carolina State Hospital in the observance of the 12th annual National Mental Health Week, May 1-7, 1960, again had three days of "Open House" at each unit.

The theme of Mental Health Week and "Operation Friendship," "Ring The Bell For Mental Health" was emphasized by two patients of the S. C. State Hospital and Mrs. E. G. Bumgardner, Sr., of Columbia, State Co-Chairman for Mental Health Week, who personally visited the office of Governor Ernest F. Hollings and invited him to visit the hospital on May 3, 4 and 5, 1960, during the three days of "Open House."

The response of relatives, friends and others interested surpassed expectations. There was evidence of more awareness of the mental health program, a keener interest in the patients, and a greater desire to effect something constructive in this wide-flung project.

The three days of "Open House," Tuesday, Wednesday and Thursday, May 3, 4, 5, were crowded with numerous visitors from all over the State, including bus caravans of several Mental Health Association members. There were tours of many sections and buildings, displays of various activities and therapies in the Benet and Fisher Auditoriums, and discussion periods conducted by the medical staff. Each tour lasted about two hours with a coffee rest stop.

Sunday, May 1, 1960, was "Family Day" from 9:00 a.m. to 4:00 p.m., when members of families were urged to spend the day with the patients, attend church services, and be present at the State Park Unit for the ceremonies honoring the psychiatric aides.

Mental Health Clinics

South Carolina's five Mental Health Clinics, situated in Charleston, Columbia, Greenville, Florence and Spartanburg,

held "Open House" sometime during Mental Health Week, with the assistance and cooperation of their County Mental Health Association. Opportunities were afforded for more knowledge about the operation of the clinic, to meet the professional staff, and to tour the facility.

CALENDAR OF EVENTS National Mental Health Week

May 1-7, 1960

"Family Day"	Columbia and State Park Units	All Day, Sunday May 1, 1960 9:00 a.m.-4:00 p.m.
	Relatives of patients cordially invited to visit them, attend church services and to attend the ceremonies at the State Park Unit honoring the psychiatric aides of the year 1959.	
Ceremonies Honoring Psychiatric Aides of the Year 1959	State Park Unit Fisher Auditorium	Sunday, May 1, 1960 3:00 p.m.
	Columbia Unit Benet Auditorium	Friday, May 6, 1960 3:00 p.m.
"Open House"	Columbia and State Park Units	Tuesday, Wednesday, Thursday May 3, 4, 5, 1960
	Tours included bus trip of the campus, visits to wards and hospital departments, opportunity for discussion with hospital staff member and a coffee rest stop.	
		Each tour lasted about two hours Morning tours began 10:00 to 11:00 Afternoon tours began 2:00 to 3:00

"OPERATION FRIENDSHIP"—SENECA CHAMBER OF COMMERCE

On October 7, 1959, the Columbia Unit was visited by a caravan of 50 persons in an "Operation Friendship" promoted by the Seneca Chamber of Commerce; the beginning of a series of goodwill visits to the S. C. State Hospital from every county to enable the citizens to secure from personal observation information as to the conditions and needs of the hospital.

The National Mental Health Association encouraged the State Hospital visit, the first such "Operation Friendship" program

planned as a pilot model nation-wide activity to help improve mental hospital facilities.

Following tours of representative sections of the hospital, the group assembled in the Benet Auditorium for a talk by Dr. Lawson H. Bowling, Medical Director, Columbia Unit, referable to the hospital, present facilities and future plans.

Governor Ernest F. Hollings met with the Oconee County group as the tour ended and in his remarks stated that "South Carolina's mental health problems will be solved only when the people of the State have a better understanding of mental illness and the mentally ill, and of the needs of the State's mental health facilities."

The Governor complimented the progress made in the improvement of services and facilities of the S. C. State Hospital, and other State mental institutions in the past decade, and emphasized that the people of South Carolina must become aware of the fact that much remains to be done in this field.

"OPERATION FRIENDSHIP"—STATE PARK UNIT

"Operation Friendship" at the State Park Unit through the generosity of the principals, faculties and pupils of the Negro City Schools of Columbia, was a most successful and worthwhile project during the Christmas holidays. Representatives of this group have met with State Park Unit officials with the view of extending many program activities there.

PALMETTO VARIETY

The S. C. State Hospital newspaper, "Palmetto Variety," continues to be of much value as a ready reference for pertinent information and for current news from every section of the hospital.

PARK FOR PATIENTS—COLUMBIA UNIT

As related in the annual report ending June 30, 1959, a park for patients at the Columbia Unit was in the process of development.

The idea originated sometime ago with Madison B. Tucker, a member of a volunteer group from the Shandon Baptist Church, Columbia, who desired to have something special for the patients.

The suggestion of an outdoor picnic area was acceptable, and the project was immediately started. However, Mr. Tucker's personal efforts were terminated by his untimely death.

In the fall of 1958, Theo Dehon, Jr., of Columbia, became chairman of a committee of volunteers to continue the project. The committee met with hospital personnel; and the S. C. Mental Health Commission designated 13 acres for a permanent park located in front of the buildings for disturbed patients (Allan, Saunders, Cooper and Preston). A master plan was prepared without charge by Lafaye, Fair, Lafaye and Associates, Architects, Columbia, which provides for activities and sports of various types, picnic areas, and eventually a swimming pool.

On January 28, 1960, R. E. Fulmer of Columbia, assumed the chairmanship of the project. He contacted the Ray Long Equipment Co., Van Lott, Inc. and Cherokee, Inc., who agreed to furnish without charge the equipment required for the necessary grading. On April 25, 1960, the grading began under the supervision of Harry C. Reagan of the W. M. Reagan Construction Co., and Mr. Fulmer. Seven oil companies, the Keenan, Certified, Elmwood, Reamer, Tuller, Esso Standard and Texaco, Inc., of Columbia, contributed the fuel to operate the machines.

With funds donated by groups and individuals over the State, water pipes were purchased, Hospital engineers, with some patient help, laid the pipes for the park area. The Lock-Joint Pipe Co. donated a large pipe necessary for a bridge over the stream used by the grading equipment.

Franklin Weed, Horticulturist, City Recreation Department, planned the landscaping of the park; and the garden clubs of Columbia plan to aid in beautifying the area. The Cherokee Rose Garden and the Four Seasons Garden Clubs have selected sections to beautify.

There is sincere gratitude to all who have so generously contributed of time, effort and money for this greatly needed park. Although this is a long range plan for the hospital, patients and their families are already enjoying the limited equipment of picnic tables and benches and yard chairs which were given.

This park will provide a much needed service; and everyone is invited to share in this therapy which holds vast possibilities; and which affords a tangible way in which the people of South Carolina can show interest in the hospital and the mentally ill.

Donations have been received from the Columbia Rotary Club, the Mental Health Associations of Dillon, Darlington, Anderson, Sumter, Lancaster and Gaffney, the Anderson Small Loan Association, Shandon Presbyterian Women of the Church, the Columbia, Sylvan and Cherokee Garden Clubs, the S. C. Society Dames of the Court of Honor of Columbia, Fedelia Study Club of Spartanburg, the Rosemont, Trinity Ridge, Camellia, Daffodil and Magnolia Garden Clubs of Laurens, Zuzammen Book Club of Winnsboro, Darlington Study Club and Darlington First Baptist Church, the American Legion Auxiliary of Sumter, other groups and many individuals.

One of the outstanding contributions was from the Greater Charleston Labor Council which sponsored a benefit baseball game between the Charleston and Savannah Sally League teams at the suggestion of Ben Epstein, a member of the Board of Directors, Charleston County Mental Health Association.

Refer to the Volunteer Services report.

PSYCHIATRIC AIDES FOR 1959 HONORED

National Mental Health Week was once more featured by the S. C. State Hospital and the S. C. Mental Health Association honoring the chosen psychiatric aides for 1959.

There were two ceremonies to which the public was invited, one at the State Park Unit on Sunday afternoon, May 1, 1960, and the other at the Columbia Unit on Friday afternoon, May 6, 1960.

In compliance with the National Mental Health Association requirements, a committee at each unit appointed by the superintendent, made the selections from written nominations by patients, visitors, co-workers and others interested.

Chosen as the psychiatric aides for 1959 were:

Columbia Unit—Mrs. Mozelle B. Cooper, Senior Psychiatric Aide, Women's Service, with the hospital since February 28, 1944.

State Park Unit—Alfred Kelly, Senior Psychiatric Aide, Men's Service, with the hospital since April 1, 1953.

For honorable mention as special recognition of outstanding performance and skills in their work were:

Columbia Unit—Miss Floy L. Price and Mrs. Blanche H. Mack.

State Park Unit—Clinton Harrell and his wife, Mrs. Georgia B. Harrell.



PSYCHIATRIC ACHIEVEMENT AWARDS FOR 1959—STATE PARK UNIT

Edwin R. Mohrmann of Charleston, President, S. C. Mental Health Association, presenting psychiatric awards for the year 1959 in the Fisher Auditorium, State Park Unit, S. C. State Hospital, on Sunday, May 1, 1960. Left to right: President Mohrmann; Hon. C. M. Tucker, Jr., of Pageland, Chairman, S. C. Mental Health Commission; Alfred Kelly, the psychiatric aide of the year 1959; Mrs. Georgia B. Harrell and husband, Clinton Harrell, chosen for honorable mention.

—Photo by Sherwood Studio



PSYCHIATRIC ACHIEVEMENT AWARDS FOR 1959—COLUMBIA UNIT

Thomas E. McCutchen of Columbia, Immediate Past President, Richland County Mental Health Association, and Member, Executive Committee, S. C. Mental Health Association, presenting psychiatric achievement awards for the year 1959 in the Benet Auditorium, Columbia Unit S. C. State Hospital, on Friday, May 6, 1960. Left to right: Mr. McCutchen; Dr. William S. Hall, Superintendent, S. C. State Hospital; Mrs. Mozelle B. Cooper, the psychiatric aide of the year 1959; and those chosen for honorable mention, Miss Floy L. Price and Mrs. Blanche H. Mack.

—Photo by Sherwood Studio

Those chosen in public hospitals for the mentally ill and the mentally handicapped throughout the United States and its territories are acclaimed during Mental Health Week with the presentation of "Awards for Achievement" and appropriate certificates from the National Association for Mental Health. Identical awards of distinctly designed gold pins, beautiful engraved plaques and the National Association for Mental Health Certificates of Achievement are made to the individual psychiatric aides nominated by each hospital in accordance with the governing rules.

This recognition is for the purpose of focusing public attention upon the importance of the role of the psychiatric aides in the care and treatment of the mentally ill; of helping gain adequate recognition and acceptance of those engaged in this profession; and of encouraging the promotion of higher standards of the on-the-ward-care.

The qualifications are: unusual service in behalf of the patients during the year—or—a record of sustained superior performance during a long period of service to the patients; evidences of skill, initiative and imagination in the discharge of duties; kindness and devotion to patients; courtesy and sympathetic understanding; application, and appreciation of learning and educational opportunities afforded by the hospital; and civic activities when off duty.

PROGRAM

Fisher Auditorium — State Park Unit
3:00 P.M. Sunday, May 1, 1960

Presiding	Hon. C. M. Tucker, Jr., Chairman S. C. Mental Health Commission
Organ Prelude	Mrs. Ethel Wilson Director of Patients' Choir
Invocation	Rev. Collie L. Moore Chaplain, State Park Unit
Music—"The Lord Is My Shepherd"	Patients' Choir, State Park Unit
Introduction of Speaker	John H. Whiteman, Supervisor of Negro Schools, Columbia, S. C.
Address—"Mental Health"	Thomas S. Martin, Consultant in Physical Education and Health Negro Schools of Columbia, S. C.
Music—"If I Can Help Somebody Today"	Patient Soloist
Presentation of Awards to Psychiatric Aides	Edwin R. Mohrmann, President S. C. Mental Health Association

Aide of the Year	Alfred Kelly
Honorable Mention	Mrs. Georgia B. Harrell
	Clinton Harrell
Music—"We are Climbing Jacob's Ladder"	Patients' Choir, State Park Unit
Benediction	Rev Alonzo W. Harley, Chaplain
	Pineland, A State Training School
	and Hospital
Organ Postlude	Mrs. Ethel Wilson
Reception in the Fisher Auditorium Library — Psychiatric Aides Serving	

PROGRAM

Benet Auditorium — Columbia Unit
3:00 P.M. Friday, May 6, 1960

Presiding	William S. Hall, M.D., Superintendent, S. C. State Hospital
Prelude—"Meditation Religieuse"	Organist, Music Therapy Department, S. C. State Hospital
William A. Wolf	
Invocation	Rev. William M. Major Chaplain, Columbia Unit
Welcome	William S. Hall, M.D.
Presentation of Awards to Psychiatric Aides	Thomas E. McCutchen Member, Executive Committee S. C. Mental Health Association
Aide of the Year	Mrs. Mozelle E. Cooper
Honorable Mention	Miss Floy L. Price
	Mrs. Blanche H. Mack
Special Music	Music Therapy Club S. C. State Hospital
"Emperor Waltz," J. Strauss	Miss Ann W. Howe Director, Music Therapy
	Mrs. David C. Embler Music Therapist
Introduction of Speaker	Sol B. McLendon, M.D., Medical Director, State Park Unit, S. C. State Hospital
Address	James E. Case, Past President S. C. Hospital Association Administrator, Toumey Hospital Sumter, S. C.
Special Music	Music Therapy Department.
	"Sleeping Beauty Waltz," Tschaikowsky
	"Rally Song," Written by a Patient
Benediction	Rev. William M. Major
Refreshments on Lawn Opposite the Benet Auditorium — Special Committee and Psychiatric Aides Serving	

SEVENTH SERVICE AWARDS PROGRAM TRIBUTE TO RETIRED PERSONNEL

In the seventh of such ceremonies, Dr. William S. Hall, Superintendent, S. C. State Hospital, honored the hospital personnel with service emblems and certificates; at the same time he paid tribute to those who retired in 1959.

In recognizing and commending the honor guests for their devotion to duties and responsibilities, Dr. Hall emphasized the value of loyalty. This attribute with the cooperation in efforts for the welfare of the more than six thousand patients entrusted to them, and sustained endeavors toward efficiency, have enabled the hospital to progress in medical skills and care, and to reach a standard of excellence in caring for the patients.

He compared present employee conditions to those of many years past, citing some amazing, as well as amusing differences. However, throughout the years, loyalty and dedication to service for others have continued.

Each of the personnel was presented by Dr. Hall with the appropriate emblem and a certificate for continuous service. A copy of the certificate with the date of the award was placed in the individual's personnel folder. This tangible appreciation of continuous hospital service was initiated by Dr. Hall in April 1955, and the emblem is recognized as a tribute to service and dependability.

The emblem, either a pin or lapel button, designed by the personnel director, John W. Whitehouse, has in red enamel a replica of the Administrative Building, Columbia Unit.

For five years the emblem is silver; the others are in gold with the designated jewel indicating the years devoted to the hospital—a pearl for 10 years; ruby for 20; sapphire for 30; and diamond for completion of 40 years.

There were no diamond emblem awards for 40 years continuous service this year.

Columbia Unit

On Wednesday, June 1, 1960, in the Benet Auditorium, Columbia Unit, Dr. Hall presented service awards and certificates to 77 of the personnel whose continuous years of service were from five to more than thirty years; and at the same time he paid tribute to nine who retired in 1959.

Sapphire emblem for 30 years: Mrs. Lillie M. Campbell, Finance Department; Mrs. Rebecca R. Taylor and George H. Strickland, Senior Psychiatric Aides, Men's Service; Harry Abbott and John S. Lomas, Jr., Engineering Department.

Ruby emblem for 20 years: Miss Corrie B. Donnan, Finance Department; Miss Kate Hightower, Senior Psychiatric Aide, Women's Service; John P. Koon, Special Services, Men's Service; William J. Zeagler, Psychiatric Aide and Arthur W. Stoudenmire, Psychiatric Technician, both of the Men's Service.

Included in the retired personnel were: Dr. Glenn B. Carrigan; Dr. Elmer W. Long; Dr. Louis G. Karter; Miss Ethel R. Sharpe; Mrs. Sallie B. Epps; Mrs. Carrie H. Fargonoly; Mrs. Charity R. Starr Carrigan; Thomas L. Mack and Martin A. Shealy.

State Park Unit

On Thursday, June 2, 1960, in the Fisher Auditorium, State Park Unit, Dr. Hall honored 58 of the personnel there and five from Pineland, A State Training School and Hospital, with certificates and emblems for continuous service; and also paid tribute to two who retired in 1959.

Sapphire emblem for 30 years: Mrs. Florence Brown, Dietary Department.

Ruby emblem for 20 years: Felix Outten, Psychiatric Aide, Men's Service.

Retired personnel: Ernest Foster, Dietary Department and Wylie Mosby, Psychiatric Aide, Men's Service.

STATE FAIRS—OCTOBER 1959

The S. C. State Fair (white) was attended by patients of the Columbia Unit individually or with their families, not in groups accompanied by nurses and aides as often done in the past.

The S. C. State Negro Fair was attended on Tuesday, October 27, 1959, by more than three hundred patients from the State Park Unit as guests of the Fair Association. At noon the hospital Dietary Department served a picnic lunch at the Fair, after which the tour and round of the entertainments were continued.

UNIFORMS FOR MARSHALS

December 1, 1959, the hospital marshals donned the new, distinctive uniform of dark brown with bronze buttons and insignia. The smart, attractive uniform not only adds dignity to the position, but the ready identification enables the marshals to more effectively perform their duties, and be of assistance to the numerous visitors.

VISITS OF GENERAL ASSEMBLY MEMBERS

Members of the General Assembly continued by individual visits to indicate interest in the affairs of the hospital and in efforts to provide facilities for greater service for the mentally ill here.

As already stated, many legislators were here on March 2, 1960 for the extensive tour of the Columbia Unit.

VISITORS

Throughout the year groups from schools and colleges came for tours through representative sections of the hospital and to secure information referable to the mental health facilities and program.

Among the other special visitors were:

July 13, 1959, Rev. Enno K. Lohrman, Chaplain, Spring Grove State Hospital, Catonsville, Maryland, was here for two weeks of study and observation of the chaplaincy program under a Southern Regional Education Board grant.

July 15, 1959, Mrs. Julia Boatwright, Interviewer, United States Census Bureau, came to secure information from the personnel and registrar departments for the National Health Survey being made for the U. S. Public Health Service by the U. S. Census Bureau.

August 10, 1959, in the Horger Library Club Room, Columbia Unit, Dr. John W. Kemble, Chairman, Department of Neurology, Medical College of Georgia, Eugene Talmadge Memorial Hospital, Augusta, Georgia, addressed the professional services group of the S. C. State Hospital referable to "Vascular Anomalies of the Brain."

August 12, 1959, at the request of their superintendent, Dr. James L. Cathell, The John Umstead Hospital, Butner, North

Carolina, Mrs. Mildred S. Brown, R.N., Director of Nursing; Miss Elizabeth Moseley, R.N., Assistant Director of Nursing; and Miss Nelle Sensabaugh, R.N., Operating Room Nurse, visited The James F. Byrnes Clinical Center medical -surgical facilities, the central supply section, the records department and other areas of special interest.

October 29, 1959, Dr. B. O. Whitten, Superintendent, Whitten Village, Clinton, S. C., visited The James F. Byrnes Clinical Center after a tour of Pineland, A State Training School and Hospital.

November 13, 1959, James L. Hiers, formerly Director of Food Service, this hospital, was here briefly during a vacation from his position with the Arabian American Oil Company in Saudi, Arabia.

December 2, 1959, visitors were Dr. B. M. Astrachan and Dr. Thomas Kennedy, Medical Corps, U. S. Navy, stationed with the Psychiatric Unit, Marine Corps Recruit Depot, Parris Island, S. C. They attended the professional services staff meeting conducted by Dr. Hall, hospital superintendent. After lunch here, there was an extensive tour of various facilities, including The James F. Byrnes Clinical Center, accompanied by Dr. Lawson H. Bowling, Medical Director, Columbia Unit.

January 29-30, 1961, Dr. Robert Hunt, Superintendent, Hudson River State Hospital, Poughkeepsie, New York, was here in connection with the project assignment of Dr. Lawson H. Bowling, Medical Director, Columbia Unit, and his course in administrative psychiatry at Columbia University, N. Y. Dr. Hunt spoke to a large group of professional personnel regarding the "Open Ward Hospital," of which he is the superintendent.

February 22, 1960, Coates Stuckey, Business Administrator, Central Louisiana State Hospital, Pineville, Louisiana, observed the operation of the Dietary Department, Columbia Unit. After an interview with Edward C. Knight, Assistant Business Manager, he accompanied Leland E. Crenshaw, Director, Food Service, on an extensive tour of the Food Center, several ward dining areas, and the dietary facilities of The James F. Byrnes Clinical Center.

March 18, 1960, Dr. Walter Fox, Superintendent, and Ed Ely, Landscape Architect, Central State Hospital, Lakeland, Ken-

tucky, spent the day securing information and personally observing the outdoor recreation facilities and program.

March 22, 1960, Dr. Charles B. Fulghum, Psychiatric Teaching Staff, Emory University Medical School, Atlanta, Georgia, visited the hospital. He was in Columbia to participate in a panel discussion at the two day annual meeting of the Tri-State Medical Association, composed of physicians from North and South Carolina and Virginia, with those from Georgia as guests.

March 30, 1960, Mrs. Ruby Hubbard, R.N., and Mrs. Margaret Wheelous, Psychiatric Aide, from the John Umstead Hospital, Butner, N. C., visited representative areas of this hospital, with particular interest in observing the techniques on the Columbia Unit admission services.

MEDICAL DEPARTMENT DATA

On June 30, 1960, there were 28 full time physicians (psychiatrists), including the superintendent; 14 part-time physicians; 75 registered nurses available for ward duty, including the supervisors; and 726 psychiatric aides.

Affiliate Student Nurses

On July 6, 1959, the 37th group of affiliate student nurses from schools of nursing throughout the State reported for the prescribed twelve weeks psychiatric training and practical experience in this hospital. During the year's period of this report 268 students were in training here, as outlined in comments of the nursing education service.

Allergy Clinic

The transfer of this clinic from the Administration Building to The James F. Byrnes Clinical Center early in February 1959 enabled expansion of services as indicated elsewhere in this report.

Blood Center—American Red Cross

On Monday, July 11, 1960, there were 15 Red Cross personnel and volunteers at the Outpatient Department, The James F. Byrnes Clinical Center, for the annual blood bank procedure at

the Columbia Unit; with the response far exceeding any previous record.

The blood bank team will visit the State Park Unit in August 1960.

Chest X-Ray Survey

The report of the Chest X-ray survey of patients, and personnel who so requested, by the Mobile X-ray Unit of the S. C. State Board of Health from May 30 through June 13, 1960 at the State Park Unit; and from June 14 through June 27, 1960 at the Columbia Unit, will be found with the tuberculosis report.

Orientation Courses for Aides

Details pertaining to this important phase of hospital activities are in the nursing services report. The intensive orientation course for psychiatric aides at the Columbia and State Park Units initiated in September 1953 and April 1954 respectively, continued to prove of great value. The course for a total of fifty six hours conducted by medical staff members and representatives from various sections of the hospital reflects a clearer understanding of duties and responsibilities, and more efficient work performance.

Physiotherapy

This therapy initiated in April 1959 in The James F. Byrnes Clinical Center has steadily increased in value and services rendered as shown in the report.

Trainee Program

There continued to be enlargement in the scope of activities to maintain the hospital as a training center. Trainees were in these departments: library; music therapy; occupational therapy; psychiatric social service; psychology; and recreation, as well as several college students as ward trainees during the summer.

The clinical pastoral training course conducted for many years was attended by theological students and ministers.

ALLERGY CLINIC

With the opening of The James F. Byrnes Clinical Center, the Allergy Clinic was moved to new quarters early in February 1959.

Since then the clinic has been in operation three days a week; one day for the personnel; one day for the Columbia Unit patients; and one morning every other week for patients from the State Park Unit and from Pineland, A State Training School and Hospital.

This clinic was organized for the diagnosis and treatment of allergy conditions, but has been expanded to include immunological procedures.

During the fall of 1959 the influenza desensitization treatments were offered to the Columbia Unit personnel. More than 700 employees availed themselves of this, with more than 1400 injections given.

In January 1960 tetanus toxoid immunizations were offered the hospital personnel, and more than 400 responded. Some of these received two desensitizing treatments, while a booster was sufficient for a few.

A permanent record file was set up for each of the personnel receiving immunizations and identification cards were supplied, to be carried at all times.

Similar opportunities for treatment were offered at the State Park Unit and at Pineland, A State Training School and Hospital, with treatments given at the State Park Unit.

DENTAL DEPARTMENT

July 20, 1959, Walter F. Turbyfill, Jr., D.M.D., of Columbia, joined the dental staff with assignment to the Williams Building (Receiving Building), Columbia Unit. A graduate of the University of South Carolina, Columbia, with a B.S. Degree, his Dental Degree was received from the University of Louisville, Louisville, Kentucky.

March 27-30, 1960, he attended the 48th annual Thomas P. Hinman Dental Clinic in the Municipal Auditorium, Atlanta, Georgia.

June 14, 1960, Dr. Turbyfill resigned to engage in private practice in Cayce.

	White Men	White Women	Negro Men	Negro Women	Total
Anesthetics	1,306	1,229	520	494	3,549
Biopsy .....	....	....	1	....	1
Bridges:					
Made .....	....	1	2	1	4
Removed	2	....	....	....	2
Reset	2	....	....	....	2
Dentures:					
Adjusted	130	82	....	....	212
Duplicated .....	....	1	....	....	1
Made	34	35	2	2	75
Partial	4	9	1	....	14
Repaired	22	30	7	1	60
Examinations	3,272	3,057	1,775	2,472	10,576
Extractions	877	730	1,296	1,452	4,355
Fillings:					
Alloy	355	334	....	....	689
Plastic	1	1	....	....	2
Porcelain	50	90	....	....	140
Gold Crowns Made	1	1	....	....	2
Reduction, Fixation:					
Fractured Mandible	2	....	....	....	2
Treatments	181	194	35	23	433
X-ray exposures	56	95	25	34	210

ELECTRO SHOCK THERAPY

	White Men	White Women	Negro Men	Negro Women	Total
Improved	296	308	362	522	1,488
Unimproved	25	88	98	66	277
Total	321	396	460	588	1,765

ELECTROENCEPHALOGRAPHY DEPARTMENT

	White Men	White Women	Negro Men	Negro Women	Total
Electroencephalograms	140	171	85	63	459

INDUSTRIAL THERAPY

This phase of activities for patients involved many areas throughout the Columbia Unit and the State Park Unit.

Columbia Unit

The sewing room continued to be a place of much activity and accomplishments with a daily average of 100 women occupied.

A total of 124,230 separate articles were completed for use throughout the hospital. These included among other items: 48,248 sheets, 35,636 pillow cases, 14,964 towels, 84 surgical sheets, 96 X-ray gowns, 200 syringe covers, 13,368 dresses and 3,280 night shirts.

There were 46 sewing machines available for patients, 16 with motors.

In the adjacent fancywork area 404 items were completed, including embroidered towels, pillow cases, table cloths, vanity sets, crocheted bedspreads, etc., and apparel for children.

Many hours were spent cutting and preparing items to be completed at the State Park Unit.

In the mending room an average of 15 women daily were engaged in repairing and restoring for use many items of wearing apparel and bed linen.

State Park Unit

A daily average of 95 women in the sewing and mending rooms engaged in making and also restoring for further use a great many items.

Among the articles completed were 1 crocheted tablecloth, 70 embroidered and appliqued aprons, 20 crochet stoles, 12 crocheted and knitted baby sacques, caps and booties; 14 patchwork quilts, 102 crochet ruffled doilies, 4 punch rugs and 50 embroidered scarves, place mats and vanity sets.

The dental clinic was supplied with drawer linings for the protection of instruments.

OTHER INDUSTRIAL ACTIVITIES

Patients were encouraged to participate in some form of occupational activity, no matter how simple.

Columbia Unit

An increased number of men worked in the mattress making shop, dining halls, greenhouse and on the campus, yard and coal details, supply department, library, commissary, recreation and music therapy departments, messenger service, laboratory, pharmacy, multilith and office supply sections, etc.

The women displayed more interest in assisting in the library, recreation and music therapy departments, in various offices, dining halls, on the wards, and in the flower gardens, etc.

State Park Unit

The types of activity were about the same as at the other unit, with more men engaged in the dining halls, kitchens, laundry, wards, yard and coal details, poultry farm, gardens, library, chaplaincy section, recreation, etc.

The women were interested in dining room activities, wards, laundry, kitchens, library, offices of chaplain and supervisors, etc.

Patients continued to conduct daily religious ward services; and classes in reading and writing for the illiterate ones.

Improvement in personal appearance was noted with the continuance of providing materials and equipment for this purpose.

Irons and ironing boards in sewing and mending rooms, and on various wards, encouraged many patients to care for their own clothing.

The intensive flower garden program was again well worthwhile, attracting older and regressed patients and those not heretofore interested in any project.

Small groups of women continued to assist with the children at the adjacent Pineland, A State Training School and Hospital.

With the supervision of the school faculty, some patients with college training helped with the school program for the Pine-land trainees.

LABORATORY DEPARTMENT

Columbia Unit

Work in The James F. Byrnes Clinical Center Laboratory continued to increase with the addition of many new procedures in chemistry.

The volume of blood increased with more being kept in the hospital blood bank for emergencies for both medical and surgical patients.

State Park Unit

Additional procedures were instituted in chemistry with resultant increased work at the State Park Unit, and for the trainees at Pineland, A State Training School and Hospital.

LABORATORY DEPARTMENT

	Columbia Unit	State Park Unit	Total
Total Examinations			84,449
BACTERIOLOGY			2,082
Cultures	757		
Smears	718	352	
Sensitivity	81		
Bacteria Counts (Milk)	171		
CHEMISTRY			10,546
Glucose	3,285	641	
Bromides	2,022		
Non-Protein-Nitrogen	1	1	
Creatinine	323	10	
Urea Nitrogen	1,980	273	
Total Protein (Blood)	63	14	
Total Protein (Spinal Fluid)	234	493	
Icterus Index	56	12	
Van den Bergh	107		
Chlorides	43	2	
Cholesterol	24	15	
Gastric Analysis	19	6	
P. S. P.	2		
Calcium	38		
Uric Acid	8		
Butter Fats	84		
CO ₂	4		
Cephalin-Flocculation	38		
A/G Ratio (Spinal)		2	
A/G Ratio (Blood)	59	30	
Sodium	69		
Potassium	63		
Amylase	25		
Chloride (Spinal)	9	2	
Glucose (Spinal)	8	3	
Transaminase SGO	160		

Transaminase SGP	114
Phosphorus	30
Alk Phosphatase	76
Acid Phosphatase	41
Thymol Turbidity	51
L D H	4

LABORATORY DEPARTMENT—(Continued)

	<i>Columbia</i>	<i>State Park</i>	<i>Total</i>
	<i>Unit</i>	<i>Unit</i>	
HEMATOLOGY			47,306
R. B. C.	274	159	
W. B. C. (Blood)	6,373	2,967	
W. B. C. (Spinal)	231	531	
Hgb.	5,800	3,044	
Differential Count	6,319	2,946	
Bleeding Time	20	3	
Coagulation Time	21	3	
Sedimentation Rate	5,800	3,062	
Hematocrit	6,215	3,056	
Bone Marrow	5		
Sickle Cell Preparation	199	5	
Prothrombin Time	127	4	
Platelets	36	9	
Reticulocyte Countes	71	10	
Fragility Test	5		
Eosinophile Count	7		
L. E. Cell Preparation	1		
Blood Indices	3		
PARASITOLOGY			6,698
Blood (Feces)	56	6	
Ova and Parasites	4,622	2,004	
Malaria	1	1	
Bile	3		
Fat	1		
Urobilinogen	1		
SEROLOGY			9,562
Flocculation (Blood)	3,265	1,253	
Flocculation (Spinal Fluid)	759		
Complement Fixation (Blood)	247		
Complement Fixation (Spinal Fluid)	686		
Collodial Gold	477	261	
Type and Rh Factor	899	89	
Cross Match	912	100	
Agglutinations	18	3	
Indirect Coombs	503	41	
RA Test	16		

C-Reactive Protein	13		
ASTO	11		
Heterophile	7	2	
URINALYSIS			8,251
Complete Sug., alb., micro.	5,225	2,559	
Acetone	53	33	
Blood	3		
Bile	14	2	
Porphyrins	13		
Diagnex Blue	17		
Serotonin	3		
Diacetic Acid	4	2	
Urobilinogen	6	3	
Urobilin	1		
Bence Jones Protein	2	2	
Phenylketonuria	309		
AUTOPSY			7
Complete	5		
Partial	2		
Totals	60,428	24,021	
GRAND TOTAL			84,449

LIBRARY DEPARTMENT

This department has a dual responsibility as a library for patients and as a diversified medical-professional library. The staff is comprised of one professional librarian with a library assistant in each of the two units of the hospital.

At both the Columbia Unit and the State Park Unit the patients' library provided diversional, therapeutic and informational reading and other library materials to patients on both a referral and a non-referral basis. Opportunities were offered for patient work assignments of a clerical or other routine type, and also for volunteer service.

The medical-professional library service included circulation and routing of materials; reference and inter-library loans; and acquisition service to various categories of the professional staff.

General Service to Patients

Major efforts in the patients' library were directed toward (1) rendering service to individuals in condition to make possible meaningful use of the service; (2) functioning as a part of the hospital's therapeutic program insofar as the limited professional library staff permitted.

Service was rendered to 2,087 individual patients, with a total circulation of 32,482. Numerous other patients used reading material supplied to wards for general use.

A total of 884 books were added to the patients' library through purchases and gifts. Current periodicals were received from 69 subscriptions.

A total of 98 patients were referred for individual bibliotherapy.

Patient Group Activities

Library group activities were planned to afford not only intellectual stimulation and knowledge of current affairs, but also to assist patients in working with others and dealing realistically with life problems. A total of 246 group meetings were held, including such activities as reading and discussion sessions, book clubs, current events and audio-visual aide programs.

Medical Library

There is urgent need for the department to be enabled to more adequately organize and render service in the medical library if there is to be effective functioning and assistance given in the overall research, training and development within the hospital.

The library subscribed to 37 medical and allied journals; and 205 books were added to the collection. The circulation totaled 952; and materials were borrowed by 246 individuals.

Personnel Activities

The librarian actively participated in interdisciplinary treatment teams and the Auxiliary Promotional Council (a patient-personnel council). Talks were made to groups of psychiatric aides and technicians and affiliate student nurses. As a part of their psychiatric training program the affiliate nurses were assigned to the library.

MUSIC THERAPY

The Music Therapy Department is composed of a director and an assistant director; one music therapy technician; 4 music therapy trainees; and 18 volunteers assisting in various capacities.

This year a summer training project for college students enabled the Music Therapy Department to intensify the therapeutic

program. Students were assigned for clinical training; and to participate in the weekly rehearsals of the hospital symphony orchestra.

The hospital symphony orchestra organized by this department included patients, hospital personnel and individuals from the city. Some of the purposes of the orchestra are: to establish a coordinated therapeutic, cultural experience for the patients, while at the same time combining volunteers and hospital personnel in a cooperative endeavor with the patients; to afford a direct means of acquainting and familiarizing the general public with a function of one hospital department, Music Therapy, and with the actual working problems of mental illness.

Music therapy programs available to hospital patients: eurythmics, daily; rehearsals for church choirs, Columbia and State Park Units; choruses, State Park Unit; hospital symphony orchestra rehearsals and concerts; music combos of selected patients in dining halls for men and women; music for Christmas plays and lighting of Christmas tree ceremonies; musical plays throughout the year; hymn "sings" on various disturbed wards; community singing programs outdoors; daily individual music lessons; daily music appreciation "listening hours"; daily practice periods on various instruments; bi-weekly meetings of Music Therapy Club; encouragement of patients in instructing others musically; complete ward coverage at the Columbia Unit with music therapy programs.

March 11, 1960, Mrs. David C. Embler (Evangeline) of Columbia, assumed her duties as assistant music therapy director. Mrs. Embler is an accomplished musician, an organist of outstanding ability, with much experience as accompanist for the Columbia Apollo Chorus.

Music Therapy Department services were extended to the State Park Unit which was visited weekly for varied programs and for individual lessons to selected patients.

With the supervision of the music therapy staff, routine responsibilities in stenographic, teaching and executive roles in this department were performed by nine patient volunteers.

An "in-service" grant from the Southern Regional Education Board afforded Miss Ann W. Howe an opportunity for research at the Michigan State School for the Blind, Lansing, Michigan. During the year she attended the National Association of Music Therapists Conference in East Lansing, Michigan.

The Delta Omicron, international professional music fraternity, has offered a scholarship to Miss Howe to attend the workshops at the National Music Camp in Interlochen, Michigan.

This fraternity has also offered to the Music Therapy Department a scholarship for students who wish to receive clinical training at the S. C. State Hospital.

Lectures by Miss Howe to hospital groups: junior medical interns; psychiatric aides; orientation course for volunteer workers; chaplain trainees; all at the Columbia Unit. At the State Park Unit: psychiatric aides; and weekly instruction to patients.

Lectures and concerts in the city of Columbia: Rotary Book Club; Organist Guild; Columbia Woman's Club; Columbia Hospital Alumnae; Mozart Music Club; Eau Claire Choral Club at the Case Piano Co.; Evening Music Club; Chamber Music Concert, University of S. C.; Afternoon Music Club.

Outside Columbia: Musical Art Club, Florence; Ridgeway Women's Study Club; Bennettsville Music Club; Greenville Women's Club; Greenville St. Mary's Guild; Cayce Junior Women's Club; Graduate Public Health Nurses' Conference in Charleston; Pilot and Altrusa Clubs, Florence; Orangeburg Music Appreciation Club; Winnsboro Women's Club; Winnsboro Lion's Club; Brookland-Cayce High School Student Council.

NURSING EDUCATION

The four class enrollments for the student nurses completing the psychiatric affiliation provided by the South Carolina State Hospital this past fiscal year are reported as follows:

<i>Class</i>	<i>Begun</i>	<i>Ended</i>	<i>Number</i>	
			<i>Student Nurses</i>	<i>Hospital Represented</i>
*37	6 July 1959	27 September 1959	78	9
38	5 October 1959	27 December 1959	67	12
39	4 January 1960	27 March 1960	61	8
40	4 April 1960	26 June 1960	62	7
Total			268	

Each of the above classes remained for 12 weeks, during which time they were given 84 days of clinical experience and approximately 110 hours of theory.

* Class 37 printed the first student nurses' "Newspaper" while at the S. C. State Hospital. This was done at no expense to the hospital and a copy is attached to this report for the hospital's files.

In addition to the regular twelve-week affiliation for student nurses, the S. C. State Hospital made possible an eight-week affiliation for the Lander College two-year program for nurses in Greenwood, South Carolina. Nineteen students accompanied by two of their instructors arrived 8 June 1959. They completed their work 31 July 1959.

On Monday, 13 June 1960, forty-eight student nurses from Lander College accompanied by two instructors arrived for their eight weeks psychiatric nursing experience. They completed their work 6 August 1960.

Staff

On July 1, 1959, Mrs. Marilyn L. Cunningham, R.N., B.S., began work as senior nursing instructor.

On May 31, 1960, Miss Joan Cook, R.N., resigned as junior psychiatric nursing instructor to be married.

Inter-Hospital Participation

The nursing education staff or a representative participated actively in the following hospital affairs, with regular attendance at the indicated meetings:

Monthly session of department heads every third Thursday; intra-departmental meetings of the administrative division every third Thursday, beginning March 17, 1960; scheduled meetings, professional services staff, first and third Wednesday, 11:00 a.m., in the Horger Library Clubroom; several times met during the year with the APC group; as frequently as possible with hospital head nurses and supervisors to plan better clinical experiences for the student nurses; administrative staff sessions of the intermediate and exit wards; all Forum sessions; instruction of classes of psychiatric aides and technicians at both the Columbia and State Park Units; actively participated in the annual United Fund drive at the hospital; and in activities of the S. C. Employees' Association. Both staff and students helped with "Open House" during National Mental Health Week.

The education director, Miss Bradley, talked to the medical students and student chaplains on "Complete Nursing Care"; played in the hospital orchestra as time permitted; served as secretary for the volunteer committee promoting the outdoor recrea-

tion area project for the S. C. State Hospital, and attended all monthly meetings; was one of the judges for the hospital-wide Christmas decorations contest; and was a member of the Forum program committee.

On January 21, 1960, the home school directors met at the S. C. State Hospital to discuss the \$10.00 cost of living adjustment per student per month during her psychiatric affiliation here.

On February 18, 1960, the education director met with the hospital superintendent, Dr. William S. Hall; James R. Neely, Director, S. C. State Hospital Association; and the superintendents of our affiliating schools of nursing, to discuss the \$10.00 fee per student per month while at the S. C. State Hospital.

March 2, 1960, Miss Bradley assisted with the guided tour through the hospital for around 100 visitors from the General Assembly of S. C.

During their three months affiliation here, four different student nurses contributed two hours of volunteer work on their own time to the Richland County Red Cross Blood Bank each Tuesday from 5 to 7 p.m.

All student nurses continued to help the recreation department with the weekly dances in the Cooper and Preston buildings.

They assisted with the North and South Carolina Dermatology Clinic in The James F. Byrnes Clinical Center on Sunday, September 20, 1959.

Schools Visited

During the year the director of nursing education visited the following affiliated schools of nursing:

July 27, 1959, St. Francis Xavier School of Nursing and the Medical College of S. C. School of Nursing in Charleston. August 10, 1959, talked to the Columbia Hospital senior student nurses. September 21-22, 1959, was in Charleston for visit of Miss Katherine Brim, a consultant from the National League for Nursing who was there to evaluate the school of nursing program for determination of eligibility for National accreditation.

October 29, 1959, attended meeting of the Curriculum Committee at the Greenville General Hospital School of Nursing. November 1, 1959, was present at the graduation exercises of the first nursing class of the Self Memorial Nursing Department at

Lander College in Greenwood. March 18, 1960, the entire staff participated in a class discussion at the Columbia Hospital concerning the National League for Nursing achievement test referable to psychiatric nursing. June 2, 1960, attended the graduation exercises at the Medical College of South Carolina. June 6, 1960, visited the Anderson Memorial Hospital School of Nursing in the morning, and the Greenville General Hospital School of Nursing in the afternoon.

Professional Activities

District

The staff of the Nursing Education Department attended all State League for Nursing meetings, in which there was active participation, as well as in the district meetings of the educators, administrators, consultants, and teachers (EACT) section of the State Nurses Association. The Nursing Education staff was hostess to the EACT annual meeting on September 17, 1959.

Miss Martha Moore Bradley, R.N., Director, Nursing Education, and Miss Joan Cook, R.N., Instructor, were interviewed by Miss Audrey Hunt of WIS-TV in November 1959, when three minute tape recordings were made to be played during 1960 which has been designated as "World Mental Health Year."

The director of nursing education worked very closely with the Charleston Public Health nurses throughout the year, helping them to plan and to carry out their in-service education program on mental health. These programs were held in Charleston during September, November, December and January with the following S. C. State Hospital personnel also participating: Dr. Bowling, Robert C. Boyd, Dr. Chandler, Chaplain Kempson, Miss Ann W. Howe and Miss Joan Cook. In addition, each Charleston County Public Health nurse was given a two days orientation visit to the S. C. State Hospital.

On February 25, 1960, the staff attended the EACT section meeting at the S. C. Baptist Hospital, of which Miss Joan Cook was program chairman.

State

The education director presided as president of the S. C. State Nurses Association at the annual session in Florence, October 14-16, 1959.

She served as chairman of the Laura Blackburn Memorial Scholarship Fund Committee for the State Nurses Association; as State co-chairman, Coordinating Council Workshop held to determine ways and means of implementing recommendations made in "A Report of the Educational Status and Interest of Graduate Nurses Registered in South Carolina in 1958"; as speaker and/or resource consultant at these district program meetings held to further discuss this report—November 11, 1959, District No. 4 in Manning, and November 24, 1959, District No. 9 in Newberry. There was active service on the S. C. Mental Health Association committee on emotionally disturbed children.

On February 15-17, 1960, Miss Bradley and Miss Cook attended the S. C. State League for Nursing workshop on "In-Service Education," conducted at the Veterans Administration Hospital in Columbia by Miss Mary Miller from the National League for Nursing.

As a member of the Inter-Association Committee for Nursing Education, Miss Bradley regularly attended all scheduled meetings.

February 29, 1960, she was present at the meeting of the State Council for Services to Handicapped Children; and at the S. C. Public Health Convention at Myrtle Beach May 12-14, 1960, she was elected vice-president.

The educational director continued to edit "South Carolina Nursing," the official publication of the S. C. State Nurses Association.

The entire staff were active members of the SCSLN psychiatric nursing committee; with special interest in one of the committee's main projects, the acute need for Negro nurses to have psychiatric nursing affiliation in South Carolina. The staff also attended the medical-surgical workshop sponsored by the S. C. League for Nursing on November 4, 1959.

National

Miss Martha Moore Bradley attended the American Nurses Association Economic Security Conference in Minneapolis, Minnesota, August 3-5, 1959.

Official leave was given for attendance at the American Nurses Association Convention in Miami Beach, Florida, May 2-6, 1960,

where she was a candidate for the office of the president of that organization. Although the incumbent was re-elected, much favorable recognition and publicity were given the S. C. Nurses Association and its members.

Civic Contributions

During the year the education director continued activities in the Columbia Altrusa Club, serving on the public affairs committee. On November 12, 1959, she attended the State Traffic Safety Committee meeting at the Wade Hampton Hotel in Columbia.

On March 28, 1960, two classes at the University of South Carolina were taught referable to mental health. These students of Miss Mary Calvert were studying social problems.

Talks referable to "Mental Health" were made to: the Washington Street Methodist Church Missionary Society, February 1, 1960; Zuzammen Book Club in Winnsboro, April 7, 1960; and the Clarendon Memorial Hospital Auxiliary, Manning Health Center, Manning, on April 15, 1960.

Military Contributions

The education director was quite active in military affairs. Military leave of 15 days, August 16-30, 1959, was given for the annual summer training for reservists, which was this time at Fort Jackson, S. C.

Activity in the Army Reserve Program was continued by service in the 446th General Hospital as chief nurse; by giving scheduled lectures and instructions to this unit; serving on promotion boards; and regularly attending all scheduled meetings. Tape recordings were made by Miss Bradley and Mrs. Cunningham to be used by WNOK for recruitment purposes to get more nurses to join the 446th.

Tri-service programs were continued at the S. C. State Hospital with the following representatives: Army—Captain Flossie Grillot; Navy—LTCDR Maxine Easter; Air Force—Captain Anne Batcheson.

Program dates were: 1, Tuesday, August 25, 1959, class 37; 2, Monday, October 19, 1959, class 38; 3, Monday, January 11, 1960, class 39; 4, Wednesday, April 13, 1960, class 40.

Visitors

Among the visitors to this department were: Dr. King from Lander College, Greenwood; Mrs. Mary Atkins, R.N., Director of Nursing Education, Spartanburg General Hospital, Spartanburg; Miss Mildred Fortner, R.N., accompanied by her student nurses and several instructors from the University Hospital, Augusta, Georgia; Miss Garland Lewis, R.N., National League for Nursing staff member; and Miss Evelyn Hamil, Director of Nursing Service and Education, Los Angeles, California.

On January 28, 1960, Dean R. Louise Grant and Miss Betty Hughie from the Medical College of Georgia, Augusta, Georgia, visited the hospital. While here, arrangements were made for Miss Hughie to return May 9-20, 1960, with seven student nurses from there for two weeks observation.

Recommendations

1. That all affiliating schools continue to send a representative group to the S. C. State Hospital once each year for the purpose of evaluating the program in psychiatric nursing.

2. That the director of nursing education continue to visit the twelve affiliating schools more frequently each year to insure school personnel of a better understanding of the total education program of the student nurse.

3. That a psychiatric nursing affiliation for our Negro student nurses be implemented as soon as feasible at the State Park Unit of the S. C. State Hospital.

4. That the present staff of the Department of Nursing Education be increased and strengthened as soon as funds and personnel can be secured in order to meet the demands for increased enrollment of the nursing classes.

NURSING SERVICE

The nursing service activities at both the Columbia and the State Park Units continued to expand with additional responsibilities, and every evidence that the personnel endeavored to be cooperative and to render efficient nursing care to all patients.

The in-service training program included an intensive study of the new rules and regulations of the hospital. In compliance with instructions from Dr. William S. Hall, hospital superin-

tendent, each individual had ten sessions of instructions referable to these regulations. In 142 sessions given to the entire personnel the observance of the rules was given much emphasis.

The departmental meetings for nurses, technicians, senior aides and others of the nursing team were reorganized in February as directed by the hospital superintendent. There was good attendance at the monthly meetings which were informative, elicited interest and enthusiasm and insured good communication to the nursing staff and other departments.

The intensive psychiatric orientation course of 56 hours initiated at the Columbia Unit in September 1953, and at the State Park Unit in April 1954, continued to be reflected in more efficient patient care and a clearer understanding of duties and responsibilities. The course was conducted by medical staff members and representatives from various hospital sections; with certificates awarded by Dr. Hall, hospital superintendent.

	<i>Group</i>				
	<i>No.</i>	<i>Course Began</i>	<i>Course Ended</i>	<i>Men</i>	<i>Women</i>
Columbia Unit	13	Sept. 1, 1959	Jan. 22, 1960	13	13
Columbia Unit	14	Feb. 2, 1960	May 27, 1960	11	15
State Park Unit	13	Sept. 1, 1959	Dec. 18, 1959	15	9
State Park Unit	14	Jan. 26, 1960	May 13, 1960	5	9
Pineland, A State Training School and Hospital	6	Sept. 1, 1959	Dec. 18, 1959	3	6
Pineland	7	Jan. 26, 1960	May 13, 1960	2	11

Columbia Unit

As stated, there was expansion of activities, with ready cooperation and efficient services rendered the patients.

A great many resignations occurred, with replacements by new personnel which increased the duties of the nursing supervisor with interviews, orientation, teaching and assignments.

With regret the death of Mrs. Ruth R. Snyder, psychiatric aide, women's service, on February 6, 1960, is reported.

Reference to the psychiatric aides of the year 1959, Columbia Unit, and to the service awards will be found elsewhere.

November 1, 1959, the ceiling in the Trezevant Building, occupied by elderly women, collapsed because of heavy rains, and in

the emergency these patients were transferred to the east wing of the 2nd and 4th floors of The James F. Byrnes Clinical Center until renovations could be made. This involved extra efforts for personnel in both areas.

Much emphasis was placed on the "Open Door" policy with these added to the list of "Open Door" wards: 11A. Center Building; 1st and 3rd wards, North Building; Trezevant Building; 1st floor Men's and Women's Service Williams Building. Selected groups of patients from other wards were given campus privileges and permitted to attend therapy activities unaccompanied.

Nurses and psychiatric aides participated in all ward therapies, volunteer activities, and various programs for patients. Assistance was given with observance of Mental Health Week, "Open House" and tours of the hospital. All through the year many students of schools and colleges; members of the General Assembly; groups from the Opportunity School; 3 instructors and 19 aides from the U. S. Army Nursing Corps of Fort Jackson; and other visitors were conducted through the hospital.

Ward personnel attended regular conferences and group meetings with hospital officials. The director of nursing service was present at many group conferences, forums, professional services staff meetings, various therapy sessions, etc. Also attended were local, District and State professional nursing organizations.

Recommendations:

1. That a new position title, head nurse, for reclassification of registered nurses be established; and that the title, ward nurse, be changed to staff nurse.

2. The requirements for the position of head nurse should be: Two years experience in psychiatric nursing or the equivalent of two years experience in a general hospital or a specialty hospital. There should be demonstration of leadership, professional nursing ability, skills, and capability of assuming responsibility.

State Park Unit

There was continuance with marked success of the in-service programs in all phases referable to better grooming of patients, improved mental and physical care, and increased industrial therapy opportunities.

Frequent conferences with personnel with varied and informal discussion, ranging from admission procedures, etc., to studies of newer therapies, were again of great value. These discussions enabled the personnel to become more thoroughly acquainted with hospital policies, new procedures and techniques. By this co-operation and discussion, physicians and supervisors were able to secure suggestions directly from ward personnel.

Organized conferences were held on individual wards or with special groups for discussion of particular problems.

The supervisors attended many group conferences, forums, professional services staff meetings, various therapy sessions, etc., at the hospital, as well as local, District and State organizations.

Elsewhere will be found data about the psychiatric aides of the year 1959, State Park Unit, and the services awards there.

OCCUPATIONAL THERAPY

Columbia Unit

Activities and accomplishments were expanded. Much interest was shown in ceramics, other fine arts and making costume jewelry, with woodwork and needlecraft apparently the most popular.

There was continuation of repair of simple radio and electronic equipment, as well as repair of clocks and watches. Instruments for the Music Therapy Department were re-conditioned, and many articles of ward furniture repaired and refinished.

Among the items completed for hospital use were 1,152 woven rugs, 1,846 chair cushions, 468 pairs of bedroom slides, 258 blankets, and in addition 696 pairs of trousers were altered.

Much interest and improvement in various skills resulted from the bi-weekly classes in different types of occupational therapy which were continued in the Allan and Saunders Buildings (women) and in the Cooper Building (men).

Weekly classes were conducted at the State Park Unit with encouraging results.

The department participated in the summer service training project with one student from the University of South Carolina assigned there for practical experience.

The garden area for a group from this department provided diversion, and the pleasure of often sharing flowers for church services as well as for wards and offices.

Many items from the Occupational Therapy Department were on display at the exhibit of the Richland County Mental Health Association at the S. C. State Fair.

State Park Unit

A number of new crafts were added to the activities at the State Park Unit with increased interest. Weekly classes were conducted by personnel from the Columbia Unit.

Skills were applied in needlecraft, sewing, rug hooking, costume jewelry, and the making of crocheted looped hats. The medical wards were supplied with nightshirts and bedroom slides.

During the year many individuals and groups from schools and colleges visited the department where on display were items made by patients, such as apparel for children, needlework, dish towels, aprons, baby clothing, sun suits, sweaters, caps, place mats, house slippers, rugs, costume jewelry, etc.

Items from the State Park Unit were on display in the Richland County Mental Health Association exhibit at the S. C. State Fair.

OUTPATIENT SERVICE

(Community Planning Project—Greenville County)

Introduction

Since July 1, 1958, many residents of Greenville County have had the unique experience of being involved in a new type of program concerning the mentally ill patients and their families.

One of the primary aims of this program is to facilitate the adjustment of patients who have returned to the community after hospitalization for a mental or emotional disorder. Directly involved are patients and the relatives of patients from Greenville County who have been in the South Carolina State Hospital; and indirectly, the entire community is involved.

Financial support has been provided through a grant from the National Institute of Mental Health, Bethesda, Maryland. Until May 31, 1961, present funds will support the program,

after which some other means of financial support must be available if there is to be continuance of the program.

Scope

The basic plan for this program continued as originally outlined, with problems presented by the caseload. During the year 214 patients were admitted to the hospital from Greenville County; 11 who had been admitted prior to the project were returned; and 19 Court and penitentiary cases were referred for social histories.

Developments in the Program

The planning stages of this project indicated the need for an additional social worker; and this was soon evidenced. After being in progress for six months, efforts were begun to secure the additional social worker. On October 1, 1959, Zebulon V. Kornegay, a psychiatric social worker recently with the Florence-Darlington Mental Health Clinic, was secured. Originally from North Carolina, he received his B.A. Degree from Wheaton College, Wheaton, Illinois, and his Master of Social Work Degree from the University of North Carolina.

This additional social worker enabled expansion of services to more patients; and the increased support from the hospital by reason of development of the hospital psychiatric social service activities was reflected in more patients availing themselves of the services.

Services

Relatives

Upon the admission of a Greenville County patient to the hospital the outpatient social workers were so advised.

Relatives were then contacted for explanation of hospital policies and procedures; to give any desired information; and to render assistance in coping with their feelings about the patient and his hospitalization. Most families have fears, anxieties and misconceptions regarding mental illness. There are also many anxiety provoking misconceptions about the S. C. State Hospital and the type care and treatment accorded patients.

In addition, frequently present are problems regarding finances, living arrangements and other real problems of every day living.

These are a few of the numerous problems with which families are sometimes confronted and with which the social workers attempt to reach a solution.

Relatives Group for Negroes:

In addition to the individual service, a group was started in January 1960 for relatives of Negro patients with semi-monthly meetings at the Phyllis Wheatley Community Center. The purpose was to lessen anxiety and to promote understanding of mental illness through reassurance and the feeling of not being alone with the difficult problems. Apparently the greatest anxiety is immediately after the initial hospitalization. At this time reassurance can be gained from other relatives in the group who have faced similar problems. The social worker present at each session had an opportunity to handle questions and concerns of relatives through the medium of group sessions.

Patients:

The contact of the social worker with the patient as soon as possible after admission served many purposes; not only referable to the concern about his own personal difficulties and what was happening to him in the hospital, but his concern about the family, his job and other matters at home. During such contact the social worker explored with the patient the services available while in the hospital as well as after his return home.

Planning for the patient's return to the community began as soon as possible after admission to the hospital. Assistance was given the patient, the hospital staff and the family referable to his adjustment, etc., upon returning to the community. In some instances community agencies were requested for aid.

In February 1960, at the Greenville YWCA group sessions were held weekly for white women who had returned from the hospital. They were met by the social worker for assistance with readjustment problems. After two months the sessions were discontinued when four of the six members secured regular employment.

A second group, started in May 1960, met regularly. Even though three of the seven initial members secured employment which prevented attendance, the decision was to continue the

sessions with patients invited to attend as they returned to the community from the hospital. The most need for support is immediately after leaving the hospital, and some of the older members of the group expressed the feeling of being in a position to be helpful at that time.

The budget provided funds for a private psychiatrist in the community if and when such consultations, evaluations or treatments were indicated. All treatments were on the out-patient basis; and when hospitalization was indicated, the recommendation was return to the S. C. State Hospital.

A number of patients were interviewed by the psychiatrists in the Greenville County Mental Health Clinic.

The budget also provided funds for the purchase of drugs for patients financially unable to afford them. Likewise, drugs were purchased from a Greenville pharmacy at a reduced cost.

Hospital:

Assistance was afforded the medical staff in the diagnosis and treatment, and in planning with the patient for his return to and readjustment in the community by the interviews with members of the family. Such contacts were mutually beneficial, and the data secured regarding the patient, his previous adjustment, family and home situations were valuable.

Visits of the outpatient social workers to the hospital afforded opportunities for conferences with the physicians, hospital social workers and others. The information and direction secured through this communication were helpful in working with the patient's family and with preparations for his return to the community.

Through such conferences the hospital staff members were often helped in gaining a better understanding of the previous situation, the family attitude and various other involved factors.

Utilization, Development and Coordination of Community Resources

An important part of the casework service offered patients and families involved referrals and other contacts with community agencies, and other resources in the community. There were 284 such contacts during the year. No record was kept of the type

contacts with these resources during the first six months; but during the last six months, 37 of the contacts were referrals.

Too frequently individuals may be seen by many agencies, physicians or other resources with little or no coordination of efforts. When possible, assistance was given in coordinating these services.

Apart from the utilization and coordination of community agencies, efforts were made to develop existing resources and to find new ones to help patients and families. This involved frequent consultation with Public Health nurses; Department of Public Welfare workers; ministers; employment counselors; and others. Currently several patients are being contacted on a regular basis by Public Health nurses. The social workers consult with nurses regarding individual cases; and also participate in an in-service training program for nurses which is focused on mental health.

Liaison Between the Hospital and the Community

In this very important role the social workers secured and interpreted information, relayed information, explained and clarified numerous problems as service for patients, the hospital, families, private psychiatrists, family physicians, community agencies, attorneys, etc.

Other Community Activities

In July 1959, a talk was made at the monthly meeting of the Sixth District, American Nurses Association; and in November 1959, there was participation on the program of the annual meeting of the South Carolina Mental Health Association. Talks were made to Parent-Teacher Associations; community clubs and other civic organizations.

There was cooperation and activity in numerous other projects. During working periods 157 hours and when off duty 58 hours were spent attending professional and community meetings. Posters were prepared and assistance given with displays in local department stores during National Mental Health Week; and for "Open House" at the hospital a large three phase poster was also prepared.

There was considerable interest and cooperation shown in the local Mental Health Association program. On one occasion funds were secured for the purchase of drugs a patient needed; and funds were also secured for transportation of a family unable to go to the hospital for a patient.

Although project funds were used to purchase needed drugs for patients, efforts are being made for arrangements to provide drugs for those unable financially to purchase them, as the feeling is that this is one way the community could or should participate in the program.

Future Plans

The basic plan for procedure will be to continue as during the past fiscal year, with increased efforts directed toward the insurance of the project after May 31, 1961.

The program demonstrated and continues to demonstrate a need for an aftercare program for the S. C. State Hospital patients in the Greenville area. The County Health Officer, community agencies and professional people have expressed concern over the possible termination of the program and have indicated a willingness to strive toward continuation.

Apparently the primary question is the matter of financing the continuance of the program. Should this be the responsibility of the community, the hospital, or should there be a joint responsibility?

Perhaps the program should be an extension of the hospital activities under the supervision of the Psychiatric Social Service Department subject to the same regulations, controls and benefits as other departments of the hospital.

The development of a State-wide program of aftercare is considered advisable.

Summary

Patients admitted to the S. C. State Hospital from
Greenville County -----

Interviews with:

Relatives and others in the community	763
Greenville County patients in the hospital	272
Patients who have left the hospital	265
Community agencies, etc.	294
Relatives of Negro patients, special group	98
Telephone calls	1,112
Letters written to or concerning patients	559
Patients referred to local psychiatrists on private basis ..	12
Total visits	38
Average cost per visit	6.84
Average cost per patient	\$21.67
Total cost	\$260.00
Prescriptions filled or refilled	106
Number of patients	15
Average cost per prescription	5.17
Average cost per patient	36.49
Total expense for drugs	547.48

PHARMACY

The volume of prescriptions at both pharmacies of the Columbia Unit greatly increased—101,827 over the previous year. There was only a slight increase of 658 prescriptions at the State Park Unit.

Prescriptions filled:

Columbia Unit Pharmacies:

Central, Administration Building	131,707
The James F. Byrnes Clinical Center	10,468
Total	142,175
State Park Unit	18,621

Grand Total	160,796
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Lectures were given to classes of psychiatric aides at both units of the hospital; and the regular Formulary Committee continued to meet throughout the year.

Personnel changes:

July 31, 1959, Mrs. Vivian Locklair, R.Ph., Assistant Pharmacist, resigned.

August 23, 1959, Julian M. Fincher, B.S.Ph., here on a temporary basis, resigned to attend the University of Georgia for work toward his Master's Degree in Pharmacy.

August 23, 1959, Royce M. Lashley, B.S.Ph., assumed his duties as an assistant pharmacist.

September 28, 1959 to May 27, 1960, J. Kenneth Stokes, R.Ph., was here on part time duty.

June 1, 1960, Reginald A. Bedenbaugh, B.S.Ph., began work as a half time pharmacist.

PHYSIOTHERAPY

Number of Patients	292
Treatments	4,103
Cold and hot bath	5
Exercise	1,016
Gait Training	8
Hot Pack	5
Hydrocollator pack	106
Infrared	353
Massage	1,258
Microtherm	298
Muscle stimulation	195
Ultrasonic	88
Ultraviolet	553
Whirlpool	218

PSYCHIATRIC SOCIAL SERVICE

The Psychiatric Social Service Department continued to provide casework, and in some instances group work, services to patients under treatment in the S. C. State Hospital at both the Columbia and State Park Units. Also served were Pineland, A State Training School and Hospital, and the outpatient activity (community planning project) in Greenville.

These activities were carried out by close cooperation with physicians and other professional personnel within the indicated institution and with social agencies in the community.

Whether the individual's social problem originates in, or is complicated by, the external situation or his own motivations, the social worker may be called upon for services which meet prac-

tical needs. When rendered in relation to feelings and ways of responding, anxieties may be eased, discouragement relieved, new confidence given, and the individual enabled to manage his affairs more completely. Along with, or apart from these actual concrete types of services, the social worker may help in the following ways: 1. By helping to clarify indecision, or to discharge feelings, and also to understand feelings which are obstructing constructive action or inducing destructive behavior. 2. By helping him to better understand the situation. 3. By helping other people significant in his life.

The goals of this department continued to be efforts to help:

1. The patient in finding a solution to personal and family problems related to his illness.
2. The patient and his family in understanding the recommendations of the physician regarding diagnosis and treatment; and in acceptance of the treatment plan; the limitations imposed by his illness; to assimilate them; and to learn to live with his limitations day in and day out.
3. The patient plan for after-hospitalization care in his own home; in a convalescent or nursing home or in foster home care.
4. The department participated in diagnostic studies and in the formulation of treatment plans by contributing to the total study of the patient, knowledge of the social, environmental, emotional, and economic factors affecting the patient and his illness.

These goals were accomplished through individual and/or group counseling with patients; and/or relatives, through participation on patients' treatment and planning teams, use of community resources, and through participation in teaching and research programs.

In accordance with the hospital's continued emphasis on intensive treatment rather than mere custodial care, the Psychiatric Social Service Department initiated many new changes and revisions which provided more effective services to the patients, families and communities.

To enable the workers to have more time for services for patients in the hospital, efforts were made to reduce the heretofore State-wide travel for information, by enlisting the cooperation of families and communities. Aside from greater involvement of these groups assuming more responsibility for hospitalized patients, there have been increased financial savings for the hospital.

In June 1959, there were four professionally trained workers. At present the total is twelve; seven at the Columbia Unit; three at the State Park Unit and two with the outpatient service in Greenville County. Despite the increase, additional qualified workers are needed to meet the ever growing demands.

To provide better services and adequate office facilities for the increased staff, several new offices were opened in various buildings. Prior to June 1959, the workers were assigned on the basis of counties throughout the State; and now new offices were opened with special emphasis on the admission services.

In accord with the overall changes within the hospital, this department is now regarded as a member of the professional services. This provides for participation with administrative and professional colleagues in planning services and developing policies within the hospital. Prior to this, the department was considered an ancillary service.

The department's scholarship plan was revised and improved; more interest devoted to recruitment of professionally trained workers; and personnel standards and practices were adopted through the writing of job descriptions; setting up a classification plan and improving salary scales.

Improved methods for recording and maintaining departmental records and statistical reports were initiated. Various forms such as social history outline and guide were revised and expanded, and others were designed to facilitate and improve the department's services.

Although progress was made in securing new offices throughout the hospital and in securing professionally trained workers, additional offices and such personnel are needed for continued improvement and expansion.

PSYCHOLOGY

Psychological services during the year covered a range of activities including (a) diagnosis; (b) group psychotherapy; (c) individual psychotherapy; (d) practicum training; (e) in-service and affiliate nurse education; (f) staff and treatment team development; (g) research; (h) inter-institutional development; (i) recruiting.

New undertakings have centered around (j) orientation procedures to encourage healthy participation from new admissions

immediately; (k) screening procedures to determine strengths and weaknesses of patients in order better to assign them to appropriate treatment and rehabilitation activities; (l) active participation in an intensive treatment planning committee on the Men's Service, Columbia Unit; and (m) the establishment of a screening and group assessment procedure in the State Park Unit.

(a) Diagnostic services continued with men and women patients at both units, and Court cases with special emphasis on interpersonal skills and attitudes as additional diagnostic tools.

(b) Group psychotherapy continued at the Saunders Building and was established on the Men's and Women's Intermediate and Exit Wards at the Columbia Unit, as well as both State Park services. A group continues on Williams Admissions Ward, as well as another group for open ward patients.

(c) Individual psychotherapy continues on a moderate level with a number of patients on Intermediate-Exit Wards; this program is being bolstered by practicum students from the University of South Carolina graduate course in Counseling and Psychotherapy. Counseling also has been begun at State Park through the addition of Dr. Clyde Goodrum and four graduate students of Benedict College and Allen University.

(d) About ten graduate students from the University of South Carolina have taken part in graduate psychology trainee practicum program involving screening procedures, diagnostics, counseling, and group therapy efforts, and several have done research under the supervision of staff members.

(e) Several members of the department participated in the training of student nurses, chaplain trainees, junior medical interns, and psychiatric technicians.

(f) Contributions to staff and treatment team development constituted perhaps the most crucial area of service. In keeping with a strong trend within psychology and management, the profession is concerned with effective communications and decision-making, and with team efforts to assure maximum involvement of crucial staff and patient members of a ward. This is to assure agreement on plans, purposes, and methods of procedure. Treatment teams now exist on four different wards and are being established at State Park. The treatment teams plan suggestive prescriptions on the overall handling of specific patients' treatment programs so that the different therapies support instead of

contradict one another. These activities are formulated to supply crucial learning experiences in conformity with the personality needs of each patient.

(g) A research conference was sponsored at the South Carolina State Hospital in order to share developmental experiences and conceptions with other hospitals of the South under Southern Regional Education Board sponsorship, with Dr. Elmore A. Martin representing psychology.

(h) A joint committee to sponsor training in the behavioral sciences with special reference to psychology at the moment was established between the University of South Carolina and the South Carolina State Hospital. This committee has encouraged the strengthening of the Master's Degree program at the university and the strengthening of practicum programs aiming toward qualifying more psychologists for clinical, community, school, rehabilitation, and other areas of specialty.

(i) Efforts at recruiting within the psychology profession were unrewarding this year, with employment of Dr. Kenneth S. Nickerson and Dr. Clyde Goodrum being the main developments. However, these were offset by the resignations of Dr. T. R. Scott, Dr. Malcolm D. Gynther, and Mrs. Ruth Gynther.

(j) Since new admissions frequently feel rejected or as though they were being experimented on, and since they learn many new pathological conceptions from other patients, we have attempted to involve patients in communicating healthy outlooks to new admissions. An orientation committee of patients and psychologists has begun involving newcomers in taking tests, filling out work history forms, listing interests, etc., so that we can start them immediately participating in healthy developmental activities.

(k) Screening procedures, particularly on the Men's Service, but also at State Park and in the Columbia Unit Women's Service, have been developed to determine patient needs and readiness so that early decisions as to possible effective therapeutic programs can be planned to prevent feelings of isolation and neglect and to create immediate involvement in activities providing self-respect, sense of accomplishment, and appropriate recognition of repressed feelings. Assignments include shop work and other training activities as well as social and psychological skills, all

considered together as part of qualifying each patient for productive placement in the home and community.

(1) Especially vital in producing consistent and organized handling of patients from admissions through the stages of treatment, discharge, and placement is Psychology's role in the Intensive Treatment Planning Committee of the Men's Service which provides the guide lines for the orientation, screening, and interdisciplinary handling of treatment programs.

(m) As an integral part of treatment and rehabilitation, a psychology training project has been started at the State Park Unit. Dr. Clyde Goodrum has been employed to work with the medical staff and other departments in developing a coordinated effort at training graduates of Negro colleges, of whom we have four currently, in a range of psychological knowledges and skills, and using these skills in the treatment programs, including:

1. Making personality evaluations, indicating personality resources, weaknesses, and psychopathology.
2. Interviewing newcomers in a screening program and surveying patients on wards 7 and 11 to help uncover old training, experiences, skills, needs, and motivational patterns.
3. Conducting and reporting on screening groups where newly admitted patients are gathered in regular discussion groups in order to encourage their development of trust, sharing, insight, social growth and intrapsychic as well as interpersonal harmony, and to evaluate their interpersonal skills, difficulties, and needs.
4. Writing reports on patients so that assignment to appropriate therapeutic or rehabilitation activities (counseling, industrial therapy, recreation, etc.) can be prescribed more precisely.
5. Carrying on group work of a nature demanded by the needs of the staff and patients, allowing for establishment of additional industrial or therapy groups, educational or other activities intended to foster increasing responsibility and productive participation on the part of patients.
6. Studying and sharing with those in other departments and other specialties a range of mental health and rehabilitative knowledges and skills, including human relations, counsel-

ing, group work, group therapy, personality therapy, abnormal psychology, psychopathology, and human development.

7. Doing research on norms and standards pertaining to our patients and wards as a means of determining proper expectations concerning patients from different areas and cultural groups as to their intelligence, personality characteristics, beliefs, social values and skills.
8. Developing as vocational counselors for furthering the training, guidance and placement of patients into productive jobs. This involves studies of and experience with community organization, and community agencies.

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4. Gynther, M. D.—Base Rate: Concept and Application. Paper read at Southeastern Psychological Association, St. Augustine, Florida, April, 1959.
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6. Gynther, M. D. and Kempson, J. O.—Seminarians and Clinical Pastoral training; A Follow-up Study. Paper read at Annual Conference Supervisors, Counseling, Clinical, Training, St. Louis, Missouri, October, 1959.
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10. Seigler, Hazel and Gynther, M. D.—Reading Ability of Children and Family Harmony. *Journal Development in Reading*, in press.

RECREATION THERAPY

Columbia Unit

The Recreation Therapy Department, Columbia Unit, promoted a varied program of activities for the pleasure, relaxation and resocialization of the patients.

Assisting the director were patients assigned to the department by the men's staff and by the team on the Intermediate and Exit Wards for men. Also most helpful were a young man from the summer service training project for college students and one from the University of S. C. assigned by the psychiatric nursing service.

Recreation was promoted by patient committees, nurses and psychiatric aides in the Intermediate and Exit Wards and at the Saunders Building, with the assistance of the recreation therapy director who gave ideas, materials and equipment.

Several classes in such leadership, aims and objectives of the program were taught by the director, and plans are underway for committees of personnel and patients in each ward to assist in promoting activities.

Dances

The dance program consisted of 87 dances and 17 classes in the basic steps of ballroom dancing taught by the director.

Two Halloween balls were held in the Benet Auditorium which was decorated by a patient committee. In addition to the usual dances, the patients presented a floor show in the afternoon; and the evening dance featured a Foster School of Dance spectacular stage show, as well as several acts from the afternoon floor show.

Other special dances were on Thanksgiving, Valentine's and St. Patrick's Day.

The music for the Christmas dance was again furnished by an orchestra of the Columbia Federation of Musicians, Local 21, American Federation of Musicians, conducted by Professor Ben A. Gardner.

Parties

Weekly parties in the Benet Auditorium were arranged for the industrial therapy groups.

Every Tuesday evening "Club 60," composed of "Gibson Girls" and "Dapper Dans," enjoyed group singing, impromptu performances, floor shows and bingo with prizes.

Parties of various types were held throughout the hospital, with bingo games conducted in numerous wards and in the Benet Auditorium.

Movies

Movies were shown weekly in the Benet Auditorium and on many of the wards. Movie tickets donated by the Carolina, Palmetto and Five Points Theaters were used by men and women from the Intermediate and Exit Wards.

Christmas

Holiday decorations were ordered and distributed throughout the Columbia Unit; and afterward inventoried and stored by the director.

Sponsored by the Recreation Therapy Department the old time Christmas spirit was revived by interesting patients in creating their own decorations with natural greenery, etc.; and by providing them with the required materials. A contest stimulated much interest. A number of patients accompanied by Debruhl J. Cobb, in charge of the rehabilitation shop, and the recreation director, made a bus trip to the State Park area to collect natural material. Mrs. Robert B. Mobley, Mrs. Louis H. Lachicotte and Mrs. G. W. Tolan of Columbia were invited to conduct workshops of Christmas arrangements which were attended by 183 patients, psychiatric aides and other personnel from both units.

In the competition for patients displaying their own Christmas arrangements in the buildings occupied, the first award was won by the Allan Building (women); the second by the Preston (men); and the third by Thompson (women). Plaques were presented by the hospital superintendent, Dr. William S. Hall.

Outside Activities

With the director and Debruhl J. Cobb, nine patients visited WIS-TV and Radio station on August 1, 1960 to learn about the operational procedures and perhaps to be interested in pursuing

that work as a profession. Mackey Quave was an excellent host and gave much information.

The Palmetto Variety Press Club had dinner at Henry's Restaurant in the city as guests of a Columbia group headed by Frank A. Atkinson.

Men and women from the Intermediate and Exit Wards attended the wrestling matches at the Columbia Township Auditorium 52 times. Men attended the stock car races at the Columbia Speedway 24 times.

Palmetto Variety

The hospital newspaper, "Palmetto Variety," with contributions from patients and personnel from both units of the hospital, published monthly 1,100 copies with two additional extras for the Psychiatric Aide of the Year contest. The recreation director edited the news, planned the layouts and prepared sketches. The masters were typed by a patient and sent to the hospital multilith office. Patients assisted in assembling, stapling and distributing the papers to the two units. Copies were sent to hospital superintendents and recreation directors in many States; to hospital volunteers and other interested persons.

Extra Activities

The director, Mrs. Frances C. Shimmel, distributed and collected ballot boxes and materials throughout the Columbia Unit for the selection of the Psychiatric Aides of the Year.

She was on the Recreation Committee for the S. C. State Hospital Employees' Outing at Hendrix' Landing.

By invitation of the President of the National Association of Recreation Therapists she will represent that organization at the Fifth Southern Regional Institute on Recreation in Hospitals to be held at the University of North Carolina, Chapel Hill, N. C., April 20, 21, and 22, 1961. The Institute will be directed by Dr. Harold D. Meyer, Head of Recreation Curriculum, University of N. C.

Schedule of Events

<i>Activity</i>	<i>Number</i>	
	<i>During Year</i>	<i>Attendance</i>
Dances	87	19,161
Dance Instructions	17	307
Recreation Therapy Club	42	1,723
Industrial Therapy Parties	34	2,989
"Club 60"	46	2,072
Bingo Parties	420	9,939
Movies	203	21,346
Movie Passes Downtown	440	440
Recreation Periods	23	1,594
Recreation Work Shops	18	331
Dramatics	53	682
Christmas Decorations Demonstrations	1	183
Decorations Construction Period	1	61
Musical Quizzes	4	190
Softball	102	3,038
Volleyball and Horseshoes	169	11,567
Alcoholic Groups	21	
Penitentiary Band	12	
Henry's Restaurant (Columbia)	1	30
Visit to WIS Radio and TV	1	9
Car Races (Columbia Speedway)	24	269
Wrestling (Columbia)	52	1,040

State Park Unit

The recreation program at the State Park Unit continued to be diversified to permit maximum participation and to have greater emphasis on meeting the needs of the patients there.

A continuous program of wholesome and relaxing therapeutic recreation provided for both active and passive groups with activities on the wards, in the Fisher Auditorium, on the athletic field, and special entertainment features.

Baseball Games

After an interruption of about eighteen months the Recreation Therapy Department again sponsored a "live game of the week" for the patients. During the season 15 games were played with two independent teams from the Greater Columbia area as hosts.

Bingo

A total of 120 bingo games were enjoyed in the Fisher Auditorium and at the ward level.

Christmas

The Christmas season began with the lighting of a beautifully decorated tree on the lawn of the Fisher Auditorium with a program presented by patients and personnel.

Many parties were enjoyed on the gaily decorated wards; and throughout the hospital were colorful, beautiful decorations and many Christmas trees with bright ornaments and colored electric lights. Yuletide carols were broadcast throughout the holidays from the auditorium. After the holidays all decorations were inventoried and stored by the State Park Unit Recreation Director.

The thoughtful generosity of the Negro City Public School System, church groups and individuals, and groups of various types, enabled each patient to receive at least one gift, in some instances Santa Claus being on the wards for the presentation.

Dances

In the Fisher Auditorium 52 regular dances were enjoyed; and 150 conducted at various ward levels for enjoyment and relaxation. For the detail workers 52 parties, which included dancing, were given. Refreshments were served on all of these occasions.

Halloween Ball-Thanksgiving Dance

As usual, the annual Halloween ball was a gala affair with appropriate decorations and many patients in costume. There was a dance contest, favors distributed and refreshments served.

Special favors and refreshments were again provided for the Thanksgiving dance.

Movies

In the Fisher Auditorium and throughout the wards 130 movies were shown. In addition, 52 movies were arranged at 5:00 o'clock each Thursday for those patients engaged in detail activities which prevented attendance otherwise.

The director was also responsible for showing various training films to the personnel.

Open House

There was active participation during National Mental Health Week with a display for "Open House" in the Fisher Auditorium of various activities at the State Park Unit. The director was available for any desired information.

Special Entertainment

Among the several civic groups providing special entertainment were the C. A. Johnson High School's Christmas Pageant; and the band concert by the Columbia Federation of Musicians, Local 21, American Federation of Musicians, conducted by Professor Ben A. Gardner. Two excellent, well attended talent shows, sponsored by the department, featured variety acts from different buildings.

S. C. State Fair

Accompanied by the director, about 300 patients attended the S. C. State Fair in October. Through the kindness and courtesy of the Prell Shows, Inc., the director secured free rides for patients and personnel.

Softball Games

Many patients combined their abilities for several softball teams which afforded diversion during the late afternoon periods.

Leon M. Elam, Director, Recreation Therapy, State Park Unit, lectured referable to hospital facilities and gave information pertinent to patient care, etc., to visiting school, college and civic groups; and to psychiatric orientation classes.

He was on the committee to select the psychiatric aides for the awards of the year; and on the Mental Health Week Arrangements Committee.

Activity Chart

<i>Activity</i>	<i>Number</i>	<i>During Year Attendance</i>
Dances:		
Auditorium	52	16,500
Wards	150	12,500
Special	52	10,600
Bingo:		
Auditorium	48	10,000
Special	72	2,250
Movies:		
Auditorium	78	20,000
Wards	52	1,560
Special	52	8,500
Baseball games	15	7,500
Softball	180	10,500
Adapted sports periods	140	5,000
Special entertainments	2	1,100
S. C. State Fair	1	300
Talent shows	2	1,200

Recommendations:

1. At least two trained assistants for the Recreation Therapy Department.
2. An increased number of phonograph records made available.
3. Sufficient playing cards for restricted areas.
4. Inter-communication system for programs to be transmitted from Fisher Auditorium to other buildings.
5. Items for the Athletic Field:

Sufficient bleachers.

One well constructed equipment box.

REHABILITATION DEPARTMENT

The Rehabilitation Program was initiated approximately two years ago with a budget sufficient to employ a limited number of personnel and establish a small woodworking shop. During the past year, the staff has increased to twelve employees working in four professional services. One of the most progressive aspects of the program is that it has extended beyond the bounds of a single department and is now becoming a significant part of the total hospital development program.

The number of active rehabilitation clients has increased steadily since the beginning of the program. During the 1959-60 fiscal year, 179 clients were served by members of the department. Of the total, 67 cases were transferred to Vocational Rehabilitation Counselors throughout the State; 42 remained as active cases receiving services; and 44 had received vocational therapy services only. The hospital counselor also provided information on a large number of former patients as requested by local counselors.

The story, of course, lies deeper than numbers can express. It can be told by the patients themselves—by those who are learning real skills to be used in real jobs when they are ready to leave, not just performing hand work to help pass away the time; by those who are learning to work under actual work conditions in the hospital so that their adjustment to the job on the “outside” won’t be so difficult to make; and by those who are finding it much easier to readjust to community life when they have help from a local counselor in gaining or maintaining suitable employment. The story can also be told by patients who could not have maintained themselves out of the hospital without the opportunity to live in and work outside during a transition period.

The story is being told outside of the hospital also. Rehabilitation personnel participated in a television series presented by the Extension Department, University of South Carolina, program of Alice Wyman, “Let’s Find Out,” over Station WIS-TV. They also participated in a WIS radio series sponsored by the League of Nurses.

The task that lies ahead is twofold. It will be necessary during the ensuing year to provide additional vocational training opportunities within the hospital and to recruit trained personnel to guide and evaluate patients engaged in these work activities.

Secondly, emphasis will need to be placed on developing further community resources to assist patients after they leave the hospital.

RESEARCH AND DEVELOPMENT DEPARTMENT SOCIAL PSYCHOLOGY SECTION

Dr. Boris Gertz and Dr. Guido Borasio, Consultant, conducted an investigation during the past summer in order to clarify problems relating to the operation of the Women's Intermediate and Exit Ward, Columbia Unit. Data which had been collected over a one-year period were analyzed in order to: describe characteristics of patients admitted to the ward; identify the factors associated with the patient's ability to remain out of the hospital for a period of six months or longer following the granting of a trial visit; determine whether criteria for selection of patients for this ward were consistently used throughout the first year of operation. The findings have been used for planning more systematic collection of research data and for modifying procedures relating to the ward's operation.

Dr. Kenneth S. Nickerson has attempted to outline some of the requirements and conditions needing to be met in order to develop a program for selecting patients who could most benefit from the programs offered by the intensive treatment wards and for evaluating the success of these programs when compared with other hospital programs. He has suggested several dimensions and measures that should be helpful both for the selection of patients for the intensive treatment program as well as for evaluating the programs effectiveness. In addition, he has outlined the additional personnel needs in order effectively to carry out this program.

An ex-patient club is being organized through the joint efforts of the hospital and the Richland County Chapter of the Mental Health Association. Miss Betsy Kramer of the Social Service Department and Research, Training and Development will work with the club which will also receive assistance from other professional workers.

Many modifications have occurred on the Men's Service during the past year. Under the direction of Dr. Leo E. Kirven, Chief Psychiatrist, Men's Service, new procedures were established for handling the male Court cases. Court cases are now housed in

their own unit. The open door policy has been instituted on many of the wards. Screening procedures have been established to aid in orienting the patient concerning his hospital experience and to provide information to help in guiding the patient into meaningful treatment experiences.

Research, Training and Development personnel were instrumental in the acquisition of two experienced psychiatric nurses to help with developments of the nursing profession, as well as with interdepartmental treatment efforts.

Research conferences based on our Research, Training and Development program, or growing out of its programs, were developed by Southern Regional Education Board with a conference held in Columbia at South Carolina State Hospital, March 1960, with Drs. William G. Morehouse, Physician-Psychiatrist, and Elmore A. Martin, Chief Psychologist, representing our hospital. Nationally prominent experts were invited along with representatives from all Southern states.

A similar conference on screening, selection, and progress evaluation was held in Panama City, Florida, with Dr. Kenneth S. Nickerson representing Psychology and Research, Training and Development in a program that grew out of our developmental efforts at more scientific selection and assignment.

A Southern Regional Education Board conference was held in Atlanta to which Drs. Lawson H. Bowling, Medical Director, Columbia Unit, and Elmore A. Martin were delegates from the South Carolina State Hospital.

Sociology Section

Dr. Jay G. Butler, sociologist, has concentrated primarily on short term studies of an action research nature during the past year. Most of these were conducted on the Women's Intermediate-Exit Ward; were organized and written as sociological reports; and distributed to the ward staff. Also, a rather intensive study was made recently referable to the major concerns of the staff on this ward.

In line with a plan to shift focus on sociological analysis from a particular ward to general hospital problems, the sociologist has recently made a study of the paying patients for working program. The results widely distributed within the hospital will probably influence future planning in this area.

Future efforts of the sociological section will likely include provision for more consulting time with the hospital staff, as well as a continuance of action research studies.

Functions of sociologist:

Consultation: sociologist is available for consultation with any staff member regarding problems of group or organizational importance.

Action research: 1. Assisting others in planning their own studies. 2. Collaborating with others in making studies. 3. Consideration of assignments of an action research type. This refers to studies which will presumably make a difference in the actions taken, i.e., will have practical consequences.

The degree of commitment the sociologist can make to any requests is contingent upon the number of requests made; the kinds of requests made, and the assigned priorities. Consultation, assistance to others in planning their own studies and collaboration on research with others generally take less time than doing the research alone. Since the sociologist presently has no personnel to assist in securing data, analysis and feedback, the last named research function, acceptance of full responsibility for a research task, must necessarily be curtailed to a limited number of high priority tasks.

Social Psychology Section

The major efforts of this section during the past year have been devoted to research and training concerning team development. Exploratory research involving teams on the Men's Service will assist in revealing difficulties in the development of multidisciplinary treatment teams and the nature of difficulties encountered in team decision making. The social psychologist, serving as observer of the team's operations, has endeavored to make team members aware of the nature of group problem solving and decision making difficulties as well as the nature of team member skills contributing to effective problem solving. The second phase of this work will, during the coming year, involve continued familiarization and training relating to effective membership skills in problem solving. In addition, interviews will be conducted with team members in order to clarify the nature of indi-

vidual perceptions concerning team problems, functions, and goals.

Dr. La Verne Irvine, Robert C. Boyd, Administrative Assistant and the Rev. Don Bundy, Director of the Wesley Foundation at the University of South Carolina, planned and coordinated a new type of training-service program for seven undergraduate college and university students. Students participating in the ten week program were from the University of South Carolina, Winthrop College, and Queens College in North Carolina. The objectives of the program were: (1) To assist the hospital in carrying out development programs in the areas of Activity Therapy and Rehabilitation; (2) To increase student understanding of concepts relating to mental health and mental illness; (3) To familiarize students with vocational opportunities in the mental health field and in work with the mentally ill; (4) To familiarize students with current treatment programs and rehabilitation efforts in working with the mentally ill; (5) To make students aware of problems which large mental institutions encounter in areas of patient treatment and care; (6) To stimulate college students to think and act constructively concerning one of our major social problems (mental illness). Students provided services to rehabilitation, occupational therapy, recreation, library and music therapy. In addition, they participated in a busy training program involving lectures, seminars, visits to staff meetings, and meetings of the treatment teams. The students expressed great interest in their work and training and were highly enthusiastic about the program. It is hoped that financial resources can be found to conduct a similar but more expanded program during the summer of 1961. The present program was financially supported by the Hospital's Department of Rehabilitation and OM-54, The National Institute of Mental Health Research and Development Grant.

During the past year, the social psychologist conducted a training program with aides working on the intensive treatment ward of the Men's Service. The aides were trained to observe and rate patient behavior with the assistance of a standardized behavioral adjustment scale. It was anticipated that the resulting data would be useful in studying the relationship between the patient's ward adjustment and variables such as posthospital adjustment, patient growth in group therapy, and patient per-

formance in activity and work therapy. Because of unresolved technical problems and insufficient research personnel this program was discontinued.

A pilot study was conducted in conjunction with the Department of Nursing Education to explore the feasibility of student nurses using an objective rating device describing patient behavior. It was hoped that this procedure would provide helpful screening information for selecting patients for the men's intensive treatment ward. Student nurses rated all patients who were not alcoholic or organic and who were admitted to the men's admission ward during the month of November 1959. Because of the limited time student nurses spent on the ward it was found that they could make only limited observations of patient behavior. It was concluded that this limitation made it impossible to develop a procedure whereby student nurses could make ratings of the behavioral adjustment of the newly admitted men patients.

During the month of May the social psychologist was supported by a two week training grant from the Southern Regional Education Board for the purpose of visiting the research and service facilities of the Massachusetts Mental Health Center, Boston State Hospital and McLean Hospital. Dr. Irvine's future activities will continue to be devoted to research and training relating to team development. As time and personnel resources permit, research will be conducted concerning the ward social system, problems of large organizations, and the dynamics of change. It is also hoped that the summer training program for college students can be expanded to include not only students offering services relating to rehabilitation and activity therapies but can include appropriately trained students to carry out research in the behavioral sciences.

The social psychologist continues to be available to consult with members of the staff concerning sociopsychological problems and concerning the planning of research investigations which other members of the staff may wish to conduct.

PUBLICATIONS

Butler, Jay G.—Power, Authority and Legitimacy. Communications Section of *American Sociological Review*, in press.

REPORTS

Gertz, Boris—Reports on Women's Intermediate and Exit Ward: (dittoed material)

1. Summary of the Women's I & E Ward Program.
2. Selection of patients and treatment procedures (with Jay G. Butler).
3. Evaluation of Administrative problems on I & E.
4. Analysis of six months administrative treatment team notes.
5. Progress report of first year of operation (with Guido Borasio).
6. Criteria for selection of patients for second year of operation.

Butler, Jay G.—Sociological Reports—Women's I & E Ward: (Dittoed material).

1. An exploratory study of patient-ward alienation
A study of patient involvement with and reaction to visiting nursing students
2. Patient's opinions on sufficient reasons for transfer
Patient's opinions on responsibility for handling deviancy
Patient's opinions on appropriate sanctions for deviancy
Length of time patients believe they should remain in the hospital
3. Conceptions of nursing problems
4. Patient's images of their illness and evaluations of their treatment
Patient's opinions on who should have the power to decide when to send patients home and who should be consulted by whoever has the power
5. Content analysis of reasons given for ranking patients as benefiting most and least

6. Staff rankings of patients in terms of benefiting most and least
7. The measurement of patient-ward alienation
8. Work assignment and apperception of alienation
9. Suggestions for a multidisciplinary research effort
10. An interpretation of major concerns of the staff of the Women's Intermediate and Exit Ward:

Part I: Ward-Hospital Concerns

Part II: Staff-Staff Concerns

Part III: Patient-Staff Concerns

Butler, Jay G.—Sociological Reports—General Hospital Problems (dittoed material)

An Analysis of the program of Paying Patients for Working
A Supplement to "An Analysis of the Program of Paying Patients for Working."

SURGICAL SERVICE

	PATIENTS						EMPLOYEES					
	White Men	White Women	Negro Men	Negro Women	Total		White Men	White Women	Negro Men	Negro Women	Total	
Appendectomy .....	..	3	1	7	11		1	1	..	..	2	2
Appendiceal abscess .....	..	..	..	..	..		..	1	..	..	1	1
Angiograms	1	..	..	..	1		..	..	..	..	..	..
Arteriogram femoral	3	1	..	..	4		..	..	..	..	..	..
Biopsy:												
Axilla	1	..	..	..	1		..	..	..	..	..	..
Breast .....	..	1	..	..	1		..	1	..	..	1	1
Cervix .....	..	3	..	..	3		..	1	..	..	1	1
Chest	1	..	..	..	1		..	1	..	..	1	1
Face .....	..	1	..	..	1		..	..	..	..	..	..
Groin .....	..	..	1	..	1		..	..	..	..	..	..
Hand .....	..	..	1	..	1		..	..	..	..	..	..
Jaw	1	..	..	..	1		..	..	..	..	..	..
Lip .....	..	..	..	..	..		..	..	1	..	1	1
Mole .....	..	..	..	..	..		..	1	..	..	1	1
Polyp .....	..	1	..	..	1		..	..	..	..	..	..
Wrist	1	..	..	..	1		..	..	..	..	..	..
Blood transfusion	83	87	66	51	287		9	4	10	8	31	31
Bronchoscopy .....	..	1	..	..	1		..	..	..	..	..	..
Burr holes exploratory, bilateral		2	..	..	2		..	..	..	..	..	..
temporal	1	..	..	..	1		..	..	..	1	1	1
Cholecystectomy .....	..	..	..	..	..		..	..	..	..	..	..
Colpotomy .....	..	..	..	..	..		..	1	..	..	1	1
Common carotid and internal carotid												
artery bypass graft, neck	1	..	..	..	1		..	..	..	..	..	..
Delayed sphincterotomy .....	..	..	..	..	..		1	..	..	..	1	1
Dilatation and curettage .....	..	6	..	1	7		..	2	..	1	3	3
Embolectomy:												
Carotid, neck	1	..	..	..	1		..	..	..	..	..	..
Distal popliteal artery and removal												
distal thrombus	1	..	..	..	1		..	..	..	..	..	..
Endarterectomy:												
Femoral artery .....	..	1	1	1	3		..	..	..	..	..	..
With insertion popliteal bypass graft	2	..	..	..	2		..	..	..	..	..	..
Multiple thrombus in popliteal,												
posterior and tibial arteries	1	..	..	..	1		..	..	..	..	..	..
Examination under anesthesia, laryngo-												
scopy, insertion nasal gastric tube ..	..	..	..	..	..		..	..	..	..	..	..
Excision:												
Abdomen, wire suture .....	..	1	..	..	1		..	..	..	..	..	..
Anterior cervical .....	..	..	..	..	..		1	..	..	..	1	1
Back, lesion .....	..	..	..	..	..		..	..	..	..	..	..
Breast, lumps .....	..	..	..	..	..		..	..	..	..	..	..
Cyst:												
Axilla, posterior .....	..	..	..	1	1		..	..	..	..	..	..
Back and chest (2) .....	..	..	..	..	..		1	..	..	..	1	1
Neck .....	..	..	..	..	..		..	1	..	..	1	1
Pilonidal .....	..	1	..	..	1		1	..	..	..	1	1
Polyp .....	..	1	..	..	1		..	..	..	..	..	..
Scalp .....	..	1	..	..	1		..	..	..	..	..	..
Thyroglossal duct .....	..	..	..	..	..		..	..	..	1	1	1
Fistula, thyroglossal with removal												
of portion of hyoid bone .....	..	..	..	..	..		..	..	..	1	1	1
Forearm .....	..	..	..	..	..		1	..	..	..	1	1
Foreign body, heel .....	..	..	..	..	..		..	1	..	..	1	1
Ganglion, wrist .....	..	..	..	1	1		..	..	..	..	..	..
Growth:												
Face .....	..	1	..	..	1		..	..	..	..	..	..
Hand .....	..	1	..	..	1		..	..	..	..	..	..
Knee .....	..	..	1	..	1		..	..	..	..	..	..
Mouth, (corner) .....	..	1	..	..	1		..	..	..	..	..	..
Keloid, midline incision .....	..	..	..	..	..		..	..	..	1	1	1
Lesion:												
Forehead and skin graft .....	..	2	..	..	2		..	..	..	..	..	..
Leg .....	..	..	1	..	1		..	..	..	..	..	..
Skin, sternal region .....	..	1	..	..	1		..	..	..	..	..	..

SURGICAL SERVICE—(Continued)

	PATIENTS					EMPLOYEES				
	White Men	White Women	Negro Men	Negro Women	Total	White Men	White Women	Negro Men	Negro Women	Total
Lipoma:										
Flank .....	..	..	..	..	..	..	..	..	1	1
Scalp .....	..	..	..	..	..	1	..	..	..	1
Mass:										
Breast .....	..	2	..	1	3	..	..	..	1	1
Over trochanteric region .....	..	..	..	1	1	..	..	..	..	..
Mole:										
Back .....	..	..	..	..	..	1	1	..	..	2
Breast .....	..	1	..	..	1	..	..	..	..	..
Cheek .....	..	1	..	..	1	..	..	..	..	..
Eye, (below) .....	..	..	..	..	..	..	1	..	..	1
Face .....	..	..	..	..	..	..	1	..	..	1
Forehead .....	..	1	..	..	1	1	1	..	..	2
Nose .....	..	1	..	..	1	..	..	..	..	..
Toe nail .....	..	1	..	..	1	..	..	..	..	..
Tumor from nerve and rib .....	..	1	..	..	1	..	..	..	..	..
Warts:										
Heel .....	..	..	..	1	1	..	..	..	..	..
Exploration:										
Femoral popliteal and post perineal artery—neck for stab wound, ligation bleeding arteries and veins, carotid artery, tracheotomy	1	..	..	..	1	..	..	..	..	..
Extraction of tooth under anesthesia ..	1	..	..	..	1	..	..	..	..	..
Femoral arterial bypass, graft, leg	1	..	..	..	1	..	..	..	..	..
Hematisthesia, lingual artery, ligated tongue sewed to floor of mouth to hold pressure gelform dressing in place ..	..	..	1	..	1	..	..	..	..	..
Hemorrhoidectomy	4	2	..	..	6	1	..	..	..	..
Herniorrhaphy	15	1	14	..	30	1	..	..	..	1
Hydro cortisone .....	..	..	..	..	..	..	1	..	..	1
Inguinal	1	..	..	..	1	..	..	..	..	..
Strangulated—exploration abdomen ..	1	..	..	..	1	..	..	..	..	..
Pericecal, strangulated with 18" gangrenous ileum resected	1	..	..	..	1	..	..	..	..	..
Hysterectomy .....	..	3	..	4	7	..	2	..	..	2
Incision:										
Drainage and removal sequestrum hip .....	..	1	..	..	1	..	..	..	..	..
Drainage abscess:										
Back .....	..	2	..	..	2	..	..	..	..	..
Breast .....	..	..	..	1	1	..	..	..	..	..
Finger .....	..	1	..	..	1	..	..	..	..	..
Flank .....	..	..	..	1	1	..	..	..	..	..
Forearm .....	..	..	..	1	1	..	..	..	..	..
Hip .....	..	..	..	1	1	..	..	..	..	..
Inguinal region .....	..	..	..	..	..	..	..	..	1	1
Knee	1	..	..	..	1	..	..	..	..	..
Neck	1	..	..	..	1	..	..	..	..	..
Rectum .....	..	..	..	..	..	..	1	..	..	1
Scrotum .....	..	..	..	..	..	..	..	..	1	1
Thigh .....	..	1	..	..	1	..	..	..	..	..
Thumb	1	..	..	1	2	..	..	..	..	..
Irectomy .....	..	..	..	..	..	..	..	..	1	1
Injection multi sinuses, buttock with lipiodol	1	..	..	..	1	..	..	..	..	..
Insertion of radium into cervix .....	..	..	..	2	2	..	..	..	..	..
Inter dental wiring, fractured mandible, extraction of teeth	1	..	1	..	2	..	..	..	..	..
Laminectomy, lumbar and thoracic .....	..	..	1	..	1	..	..	..	..	..
Spine .....	..	..	1	..	1	..	..	..	..	..
Laparotomy:										
Aspiration, drainage abscess, small bowel	1	..	..	..	1	..	..	..	..	..
Exploratory, lysis of adhesions, decompression of bowel with suction ..	..	1	..	..	1	..	..	..	..	..

SURGICAL SERVICE—(Continued)

	PATIENTS					EMPLOYEES				
	White Men	White Women	Negro Men	Negro Women	Total	White Men	White Women	Negro Men	Negro Women	Total
Intestinal obstruction, adhesiotomy	..	1	..	..	1	..	..	..	..	..
Release of obstruction, resection gangrenous ileum .....	..	..	..	..	..	..	..	1	..	1
Ovarian cyst, oophrectomy .....	..	1	..	..	..	..	1	..	..	1
Suspension of uterus .....	..	..	..	..	..	..	..	1	..	1
Laryngoscopy .....	..	..	..	..	..	..	..	1	..	1
Ligation:										
Bilateral saphenous with stripping	..	1	..	..	1	..	..	..	..	..
Veins leg .....	..	1	..	..	1	..	..	..	..	..
Veins thigh .....	..	..	1	1	2	..	..	..	..	..
Mastectomy .....	..	2	..	1	3	..	..	..	1	1
Myelogram .....	..	..	..	1	1	..	..	..	..	..
Multiple thrombus	1	..	..	1	2	..	..	..	..	..
Nephrectomy	1	..	..	..	1	..	..	..	..	..
Plastic surgery, third stage, old scar, neck .....	..	1	..	..	1	..	..	..	..	..
Pneumo-encephalogram	1	1	2	1	5	..	..	..	..	..
Pulmonary lobectomy .....	..	..	1	..	1	..	..	..	..	..
Removal:										
Moles:										
Body, multi .....	..	..	..	..	..	1	1	..	..	2
Face (3) .....	..	..	..	..	..	1	1	..	..	2
Nose .....	..	..	..	..	..	1	..	..	..	1
Thrombus from femoral and popliteal arteries	1	..	..	..	1	..	..	..	..	..
Toenails .....	..	5	1	..	6	..	2	..	..	2
Warts:										
Finger .....	..	..	..	..	..	..	1	..	..	1
Hand, multi .....	..	..	..	..	..	2	1	..	..	3
Repair, avulsion, lip .....	..	..	..	1	1	..	..	..	..	..
Resection:										
Abdominal aortic aneurysm with bifurcation graft	1	..	..	..	1	..	..	..	..	..
Bullet, lung .....	..	..	1	..	1	..	..	..	..	..
Popliteal aneurysm with insertion anterio graft	1	..	..	..	1	..	..	..	..	..
Salpingectomy, bilateral .....	..	..	..	1	1	..	..	..	..	..
Second stage transfer tube pedicles to neck .....	..	1	..	..	1	..	..	..	..	..
Secondary closure of skin defect, buttock .....	..	1	..	..	1	..	..	..	..	..
Skin graft:										
Foot	1	..	2	..	3	..	..	..	..	..
Hand .....	..	1	..	..	1	..	..	..	1	1
Heel .....	..	1	..	..	1	..	..	..	..	..
Neck	1	..	..	..	1	..	..	..	..	..
Splenectomy	1	..	..	..	1	..	..	..	..	..
Sterilization, tubal ligation .....	..	..	..	1	1	..	..	..	..	..
Thyroidectomy .....	..	1	2	1	4	..	..	..	..	..
Tracheotomy and laryngoscopy .....	..	1	..	..	1	..	..	..	..	..
Spontaneous delivery	2	1	..	..	3	..	..	..	..	..
Total	140	156	99	84	479	25	31	13	20	89
<hr/>										
S. C. Penitentiary Patients:										
Appendectomy	1	..	..	..	1	..	..	..	..	..
Hemorrhoidectomy	1	..	..	..	1	..	..	..	..	..
Herniorrhaphy	2	..	1	..	3	..	..	..	..	..
Strangulated femoral and release ob- struction, resection (gangrene) ileum .....	..	..	1	..	1	..	..	..	..	..
Total	4	..	2	..	6	..	..	..	..	..

SURGICAL SERVICE—(Continued)

ORTHOPEDIC OPERATIONS

	PATIENTS						EMPLOYEES					
	White Men	White Women	Negro Men	Negro Women	Total		White Men	White Women	Negro Men	Negro Women	Total	
Amputation and debridement, toes	1	..	3	2	6	..	..	..	..	..	..	..
Amputation:												
Finger	1	..	..	2	3	..	..	..	..	..	..	..
Distal end, 1½ of phalanx, finger ..	..	..	..	1	1	..	..	..	..	..	..	..
Leg above knee	8	..	3	2	13	..	..	..	..	..	..	..
Leg, stump .....	..	..	1	..	1	..	..	..	..	..	..	..
Partial, toe .....	..	1	..	..	1	..	..	..	..	..	..	..
Anterior interbody fusion of cervical spine with bone graft from ilium ....	..	..	1	..	1	..	..	..	..	..	..	..
Application of body cast .....	..	..	1	..	1	..	..	..	..	..	..	..
Blood transfusions	9	6	2	12	29	..	..	..	..	..	..	..
Body cast applied .....	..	..	..	..	..	..	1	..	..	..	1	..
Bone graft:												
Arm (from crest of ilium)	1	..	..	..	1	..	..	..	..	..	..	..
Arm	1	..	..	..	1	..	..	..	..	..	..	..
Burr holes exploratory, bilateral temporal	..	2	..	..	2	..	..	..	..	..	..	..
Cast and pins removed from arm and 2 steinman pins applied to arm and cast	1	..	..	..	1	..	..	..	..	..	..	..
Cast applied:												
Arm, fracture .....	..	..	..	1	1	..	..	..	..	..	..	..
Arm, removal of old cast and sutures	..	..	..	..	..	..	1	..	..	..	1	..
Arms, protection	1	..	1	1	3	..	..	..	..	..	..	..
Closed reduction and cast:												
Front left arm—neuro-surgery	1	..	..	..	1	..	..	..	..	..	..	..
Dislocated arm .....	..	..	..	..	..	..	1	..	..	..	1	..
Fracture:												
Malleolus .....	..	..	..	1	1	..	..	..	..	..	..	..
Arm	5	8	6	5	24	..	..	..	..	..	..	..
Ankle .....	..	2	..	1	3	..	..	..	..	..	..	..
Elbow .....	..	2	2	..	4	..	..	..	..	..	..	..
Leg	1	..	2	..	3	..	..	..	..	..	..	..
Shoulder .....	..	1	..	..	1	..	..	..	..	..	..	..
Metatarsal, novocaine, fractured ribs	1	..	..	..	1	..	..	..	..	..	..	..
Radius and ulna .....	..	1	..	..	1	..	..	..	..	..	..	..
Closed reduction:												
Plastic splint applied to front left arm	1	..	..	..	1	..	..	..	..	..	..	..
Walking cast, fracture, toe .....	..	1	..	..	1	..	..	..	..	..	..	..
Dislocated wrist and fractured radius, and cast applied	1	..	..	..	1	..	..	..	..	..	..	..
Distal radius and application of sugar tong splint .....	..	1	..	..	1	..	..	..	..	..	..	..
Shoulder, fracture and dislocation ..	1	..	..	..	1	..	..	..	..	..	..	..
Debridement of thumb (human bite) ..	..	..	..	1	1	..	..	..	..	..	..	..
Fusion of elbow (bone fusion)	1	..	..	..	1	..	..	..	..	..	..	..
Hanging cast applied, fracture, arm	1	2	..	..	3	..	..	..	..	..	..	..
Laceration of nerve and application of cast, hand .....	..	..	..	..	..	1	..	..	..	..	1	..
Open reduction:												
Darrach's resection of wrist, cast to arm .....	..	..	..	..	..	..	1	..	..	..	1	..
Tibia with plate and screws, cast, fracture, leg	1	..	..	..	1	..	..	..	..	..	..	..
Blade plate, fracture, hip	6	6	..	1	13	..	..	..	..	..	..	..
Moore hip nails (4), fracture, hip ..	..	1	..	..	1	..	..	..	..	..	..	..
Prosthesis fracture, hip	1	11	1	2	15	..	..	..	..	..	..	..
Removal bone growth knee .....	..	..	1	..	1	..	..	..	..	..	..	..
Removal of foreign body, hip, and removal of cast and steinman pins	..	1	..	..	1	..	..	..	..	..	..	..
Arm, with fusion of elbow with bone graft and pin fixation, cast applied to arm	1	..	..	..	1	..	..	..	..	..	..	..

SURGICAL SERVICE—(Continued)

ORTHOPEDIC OPERATIONS—(Continued)

	PATIENTS					EMPLOYEES				
	White Men	White Women	Negro Men	Negro Women	Total	White Men	White Women	Negro Men	Negro Women	Total
Bone graft, with autogenous of fractured dislocation of cervical spine with partial paralysis .....	..	..	1	..	1	..	..	..	..	..
Re-amputation of stump .....	..	..	2	..	2	..	..	..	..	..
Reconstruction of reoccurring dislocation, shoulder .....	..	1	..	..	1	..	..	..	..	..
Removal:										
Calcified deposit from achillis tendons, feet	1	..	..	..	1	..	..	..	..	..
Distal end of clavicle	1	..	..	..	1	..	..	..	..	..
Steinman pin and cast, wrist	1	..	..	..	1	..	..	..	..	1
Repair of lacerated finger, 1/2 distal phalanx amputated .....	..	..	..	..	..	..	..	..	..	..
Resection:										
Clavicle	1	..	..	..	1	..	..	1	..	1
Phalanx, finger .....	..	..	1	..	1	..	..	..	..	..
Spica cast to body, fracture, hip .....	..	1	..	..	1	..	..	..	..	..
Tenolysis of wrist .....	..	1	..	..	1	..	..	..	..	..
Tenorrhaphy, with repair of left lacerated arm .....	..	1	..	..	1	..	..	..	..	..
Walker cast, leg	2	..	..	1	3	..	..	..	..	..
Total	50	50	29	34	163	2	4	1	..	7
S. C. PENITENTIARY PATIENTS:										
Application of cast to foot (dislocated toe) .....	..	..	1	..	1	..	..	..	..	..
Debridgement of amputated fingers (3) .....	..	..	1	..	1	..	..	..	..	..
Debridgement and closure of deep laceration, thigh, and cast to leg .....	..	..	1	..	1	..	..	..	..	..
Debridgement of soft tissue wound. Elevation of depressed comminuted fractures of parietal bone. Control of hemorrhage to tear of sagittal sinus. Control of cortical vein, cortical vessel bleeding, repair of dura. Cranial plastic using the bone fragments which were elevated .....	..	..	1	..	1	..	..	..	..	..
Hemorrhoidectomy	1	..	..	..	1	..	..	..	..	..
Herniorrhaphy .....	..	..	1	..	1	..	..	..	..	..
Herniorrhaphy, strangulated femoral and release of obstruction, resection (gangrene) ileum .....	..	..	1	..	1	..	..	..	..	..
Removal of cast and sutures from open reduction, leg, and walking cast applied	1	..	..	..	1	..	..	..	..	..
Walking cast applied to leg	1	..	..	..	1	..	..	..	..	..
Total	3	..	6	..	9	..	..	..	..	..

EYE, EAR, NOSE AND THROAT SECTION

	PATIENTS					EMPLOYEES				
	White Men	White Women	Negro Men	Negro Women	Total	White Men	White Women	Negro Men	Negro Women	Total
EYES:										
Cataract	13	18	7	5	43	..	2	..	..	2
Chalazion .....	..	..	..	..	..	1	..	..	..	1
Check tension of eyeball	197	331	54	182	764	48	73	35	32	188
Corneal ulcer .....	..	1	10	5	16	2	..	..	..	2
External diseases	45	122	45	33	245	57	50	9	26	142
Eye ground examination	895	890	477	410	2,672	5	2	..	1	8
Foreign Bodies removed	2	2	1	..	5	5	1	1	..	7
Glaucoma	52	55	7	39	153	..	3	..	13	16
Injuries	15	8	7	2	32	16	3	9	5	33
Keratitis uveitis	23	56	15	45	139	5	..	7	6	18
Laceration of eyelid .....	..	..	..	1	1	..	..	..	..	..
Opened herdeolum .....	..	..	..	..	..	1	..	..	..	1
Operation for cataract .....	..	..	2	..	2	..	..	..	..	..
Orthorater Test	172	300	47	135	654	55	71	32	34	192
Post operative care	11	3	24	3	41	10	..	..	..	10
Pterygium .....	..	..	..	..	..	2	1	..	..	3
Refractions	219	405	62	177	863	66	96	42	43	247
Routine inspections	1,502	1,874	687	895	4,958	249	256	102	137	744
Slit lamp examination	5	7	1	3	16	7	9	1	3	20
Suture of eyelids, stay opened ..	1	..	..	..	2	2	..	..	..	2
Visual fields .....	..	12	..	1	13	..	..	1	2	3
Totals	3,152	4,084	1,447	1,936	10,619	531	567	239	302	1,639
Glasses furnished by S. C. State Hospital	30	53	13	54	150	2	3	2	2	9
EARS:										
Audiometer Test	12	20	..	2	34	5	9	..	..	14
Cerumen removed	16	19	..	1	36	9	10	1	..	20
Ear massage .....	..	1	..	..	1	3	..	..	..	3
Foreign bodies removed	1	3	..	..	4	..	2	..	1	3
Hearing aid fitted	1	5	..	..	6	..	..	..	..	..
Injuries .....	..	1	1	..	2	1	3	1	..	5
Irrigations	9	16	..	1	26	7	7	2	..	16
Meniere	1	1	..	..	2	2	..	..	..	2
Otitis externa	31	48	2	1	82	13	26	..	2	41
Otitis media	82	151	32	64	329	38	78	3	6	125
Polypectomy	1	..	..	..	1	..	..	..	..	..
Post operative care .....	..	..	..	2	2	1	..	..	1	2
Psychogalvanometer hearing test, polyp .....	..	..	..	1	1	..	..	..	..	..
Routine examinations	1,666	2,095	757	975	5,493	348	426	119	219	1,112
Shots	19	43	..	..	62	25	10	..	..	35
Treatment for hearing .....	..	..	..	..	..	4	..	..	..	4
Other procedures .....	..	10	..	..	10	16	..	..	..	16
Totals	1,839	2,413	792	1,047	6,091	472	571	126	229	1,398
NOSE AND THROAT:										
Abcess of parotid	1	4	..	..	5	..	..	..	..	..
Allergy	3	15	1	1	20	25	58	13	53	149
Biopsy .....	..	1	..	1	2	..	..	..	..	..
Epistaxis	3	10	4	2	19	7	1	1	..	9
Injuries	4	..	..	1	5	1	..	1	..	2
Laryngitis	9	2	..	2	13	8	20	4	1	33
Naso-pharyngitis	18	41	2	11	72	44	74	8	48	174
Parotid abcess .....	..	2	..	..	2	..	..	..	..	..
Post operative care .....	..	2	..	..	2	..	..	..	5	5
Routine examinations	1,955	1,880	764	989	5,288	385	451	123	227	1,186
Shots-polypectomy .....	..	..	..	..	..	1	..	..	1	2
Sinusitis	20	51	5	25	102	22	73	2	19	116
Sinus drainage conservative	1	3	..	..	4	4	5	..	..	9
Sinus drainage surgical .....	..	3	..	..	3	1	..	..	..	1
Sinus paratits .....	..	11	..	..	11	..	..	..	..	..
Tonsillitis	2	9	6	25	42	6	9	1	11	27
Totals	3,436	4,092	1,559	2,095	11,182	913	1,174	279	595	2,961

SURGICAL SERVICE—(Continued)

UROLOGICAL SECTION

	PATIENTS					EMPLOYEES				
	White Men	White Women	Negro Men	Negro Women	Total	White Men	White Women	Negro Men	Negro Women	Total
Biopsy, penis .....	..	..	1	..	1	..	..	..	..	..
wound	1	..	..	..	1	..	..	..	..	..
Circumcision	1	..	1	..	2	..	..	..	..	..
Cystoscopy	5	2	2	1	10	1	..	..	..	1
Evaluation of bladder and fugu- ration, suprapubic cystotomy ..	1	..	..	..	1	..	..	..	..	..
Excision hydrocele	1	..	..	..	1	..	..	..	..	..
Insert catheter	2	1	2	..	5	..	..	..	..	..
I. V. Pyelogram	5	9	..	2	16	3	1	..	1	5
Needle biopsy prostate	1	..	..	..	1	..	..	..	..	..
Nephrectomy	1	..	..	..	1	..	..	..	..	..
Orchidectomy	1	..	1	..	2	..	..	..	..	..
Perineal ureterostomy	1	..	..	..	1	..	..	..	..	..
Radical removal penis .....	..	..	1	..	1	..	..	..	..	..
Removed spleen	1	..	..	..	1	..	..	..	..	..
Second stage plastic on penis ..	..	..	1	..	1	..	..	..	..	..
Sterilization	1	..	..	..	1	..	..	..	..	..
Suprapubic Cystostomy and inci- sion and drainage	1	..	1	..	2	..	..	..	..	..
Suprapubic removal (stone) and prostate resection	1	..	..	..	1	..	..	..	..	..
Trans-urethral resection	7	..	3	..	10	2	..	1	..	3
TUR (bladder tumor)	2	..	..	..	2	..	..	..	..	..
Urethotomy and plastic on urethra .....	..	..	1	..	1	..	..	..	..	..
Urological consultations	19	17	7	2	45	2	..	..	1	3
Total	52	29	21	5	106	8	1	1	2	12
Visits:										
Hospital	158	74	50	13	295	32	4	8	..	44
Office	1	..	..	1	2	35	5	2	8	50
Individual cases	90	50	32	14	186	35	9	5	5	54
Patients from the S. C. State Penitentiary .....	..	..	..	..	..	..	..	..	..	..

TREATMENT OF SYPHILIS AND NEUROSYPHILIS

During the year 35 patients with central nervous system syphilis received malaria inoculation:

Of this number 10 were white men; 5 white women; 19 Negro men and 1 was a Negro woman.

TUBERCULOSIS SERVICE

With very satisfactory results, there was continuance of intensive treatment and medication, as well as surgery, of the tubercular patients of both units.

On July 1, 1959, Dr. Leo F. Hall of Columbia, assumed the position of Chest Physician and Consultant on a part-time basis.

	White Men	White Women	Negro Men	Negro Women	Total
Capacity, buildings for tubercular patients	54	54	35	35	178
Census, June 30, 1959	34	30	52	30	146
Admitted	46	8	22	18	94
Separations:					
Conditional discharge	3	3	..	7	13
Discharge	7	..	..	..	7
Died	2	..	3	..	5
Transferred to other sections	29	7	20	16	72
Total	41	10	23	23	97
Census, June 30, 1960	39	28	51	25	143
Examinations:					
Fluoroscopic	7	..	8	6	21
Sputum positive	39	1	88	41	169
X-ray	34	2	43	30	109
X-rays reviewed	226	132	..	..	358

The Mobile X-ray Unit of the S. C. State Board of Health completed the annual chest X-ray survey of patients and those of the personnel who requested that service, with a detailed report submitted to the hospital for indicated treatment.

	White Men	White Women	Total	Negro Men	Negro Women	Total	Grand Total
State Park Unit—May 30-June 13, 1960....	7	7	14	1,769	1,493	3,262	3,276
Columbia Unit—June 14-June 27, 1960.....	1,225	1,207	2,432	53	41	94	2,536
Total	1,232	1,214	2,446	1,822	1,534	3,356	5,812

VOLUNTEER SERVICE PROGRAM

The volunteer service program, initiated by the hospital superintendent, Dr. William S. Hall, on November 1, 1954, co-ordinates contributions of time and material of volunteers throughout the State to individuals and sections of the hospital. The increasing participation in the mental health field was apparent by the increased interest and benefits here.

On a regular schedule each month 42 groups visited the wards with interesting entertainment, fellowship and refreshments. On 40 wards there were 447 volunteer parties.

A volunteer visitation program was started on four areas: 5A Annex; Blanding; Allan D and Allan C.

Working in these sections, 157 individual volunteers contributed a total of 3,263½ hours: rehabilitation, library, social service, Saunders Building project, registrar, women's service, music therapy, sewing room, recreation therapy and volunteer service office.

For volunteers working in the hospital there were two eight hour orientation courses with a total attendance of 185.

Special entertainment provided by volunteers included:

A puppet show by the Richland County Mental Health Association; drama skits by the Sumter Mental Health Association; Magic show by Reese Hart of Columbia; and these music programs: Columbia Afternoon Music Club; special Easter music service, First Presbyterian Youth Choir; Ambassador Band from the S. C. State Penitentiary; St. Joseph's and St. Peter's Catholic Churches; two concerts, August and June, by the Fort Jackson band; American Veterans group; Richland County Mental Health Association; and the Princeton Theological Seminary Choir, Princeton, New Jersey, on a tour. Also the May Festival service and dinner for Catholic patients presented by the Catholic nurses.

Special programs for Intermediate-Exit Wards: Play by members of B'Nai B'Rith Club; and music programs by: Sunshine Gospel Singers; Ebenezer Lutheran Church young people; Sunnyside Gospel Band; and the Organ Club of Columbia.

Activities outside the hospital:

Each week 20 men attended the wrestling-boxing matches at the Columbia Township Auditorium; weekly 18 movie theatre tickets were given to patients on I. & E. Wards from September 1959 to March 1960; A volunteer worker accompanied 10 patients (women) from I & E to the University of S. C. baseball game; A play at Dreher High School was attended by 11 women patients and a volunteer; several women patients from that area attended a musical comedy at the Town Theatre; and 30 patients from other sections went to the Town Theatre for a dress rehearsal; I & E patients were entertained with an outing at the "Y" Camp sponsored by a group of University students.

Christmas activities:

Music programs presented by 80 Brookland-Cayce High School singers; Hammond Organ Club entertained I & E Ward patients

with organ music and Christmas carols twice; two local churches sang carols in front of buildings throughout the campus; an orchestra of the Columbia Federation of Musicians, Local 21, American Federation of Musicians, conducted by Professor Ben A. Gardner, played for the patients' Christmas dance in the Benet Auditorium; a demonstration of Christmas arrangements was given by three volunteers from the city; a civic group entertained 30 patients who work on "Palmetto Variety" with a Christmas dinner at Henry's Restaurant.

Every patient at the Columbia Unit engaged in working in any section received an additional Christmas gift.

Each patient in the Columbia Unit, the State Park Unit and at Pineland, A State Training School and Hospital, received an individual, wrapped Christmas gift, made possible by the thoughtful generosity of individuals and groups throughout the State.

The greater awareness of the mental health program and of volunteer activities increased volunteer contributions.

The gifts were numerous and varied, and all were divided between the Columbia and the State Park Units. Among items for personal comfort were cosmetics of all types, shaving supplies, tooth paste and tooth brushes, kleenex, wash cloths, towels, combs, brushes, scarves, handkerchiefs, ties, drawstring bags, pocketbooks, candy, cookies, etc.

In addition there were cash donations, tools for garden therapy; and other items such as books, magazine subscriptions, games, records, sheet music, gift certificates, quilt scraps, sewing materials, cloth, yarn, etc., which were distributed to the indicated department, either the library, recreation, music, industrial or occupational, etc.

Many gifts were contributed for the comfort and beautification of wards and day rooms, such as pictures, curtains, draperies, furniture, lamps, tables, window and ceiling fans, TV sets, radios, washing machines, and used electric typewriters, etc.

Fruit, candy, soap, games and toys were sent to Pineland, A State Training School and Hospital.

Interest has continued in the outdoor recreation area for patients and their families which was initiated last year; and volunteers worked with the administration in further development of the area.

On January 28, 1960, R. E. Fulmer of Columbia accepted the chairmanship of the Recreation Area Committee, and through his initiative and untiring efforts great progress has been made.

As previously reported, the hospital superintendent, Dr. William S. Hall, last year met with hospital representatives and volunteers to formulate plans. Thirteen acres on the hospital grounds in front of the Allan, Saunders, Cooper and Preston Buildings were set apart for that purpose; and a master plan prepared by Lafaye, Fair, Lafaye and Associates, Architects. The hospital comptroller set up a special fund account to which has been added the cash donation of \$1,851.09 during the year.

Although the plan is a long range one, volunteers throughout the State have already contributed equipment, grading and other improvements of land, trees, shrubbery, etc., and money. The area is already very attractive and is being used by patients and families.

Garden clubs are interested in beautifying the recreation park; and on Arbor Day in a special program the Cherokee Rose Garden Club of Columbia presented six trees which were grown in the Columbia City Nursery under the supervision of W. A. Shields, Superintendent, Tree Department of Columbia.

Included in the contributions for the recreation area during the year were:

Cash \$1,851.09; 1 concrete picnic table and 3 benches; 75 trees, shrubbery and other plants; 5,000 sheets of stationery; and an \$8,000.00 grading project contributed by local construction firms and local oil companies.

Activities of director: In addition to volunteer services, 11 talks were made for the hospital; 8 tours conducted at the Columbia Unit; participated in 4 mental health workshops over the State; served on psychiatric aides of the year selection committee; and on the planning committee for "Open House" during National Mental Health Week.

Meetings attended: Eleventh Mental Health Institute of the American Psychiatric Association in Buffalo, New York; an Institute for Directors of Volunteers conducted by the National Association of Mental Health in Topeka, Kansas; and the Basic Institute for Directors of Volunteers, American Hospital Association, in Chicago, Illinois.

On a SREB grant the Chicago State Hospital, the Cook County Hospital and the Michael Reese Hospital in Chicago were visited to observe the volunteer services program. Also visited was the St. Louis State Hospital, St. Louis, Missouri.

At the University of South Carolina two three-hour semester courses were completed, one in Abnormal Psychology and the other in Psychology of Personality.

X-RAY DEPARTMENT

	White Men	White Women	Negro Men	Negro Women	Total
Abdomen	41	61	17	22	141
Ankle, left	15	34	11	13	73
Ankle, right	21	32	4	12	69
Arteriograms	49	12	..	..	61
Angiocardiograms .....	..	..	30	..	30
Venograms .....	..	10	..	..	10
Chest	1,587	1,306	816	728	4,437
Colon	37	20	5	6	68
Elbow, left	8	10	6	10	34
Elbow, right	12	24	4	6	46
Esophagus	4	4	..	..	8
Femur, left .....	..	4	4	8	16
Femur, right .....	..	..	6	2	8
Foot, left	12	32	8	4	56
Foot, right	16	36	14	2	68
Gall-bladder	33	43	..	8	84
Hand, left	39	28	26	10	103
Hand, right	24	26	24	22	96
Hip, left	51	103	12	13	179
Hip, right	54	69	6	19	148
Humerus, left	33	22	22	16	93
Humerus, right	27	30	22	8	87
Intra-venous pyleogram	23	45	11	8	87
Kidneys, ureters, bladder	17	25	4	11	57
Knee, left	18	22	12	6	58
Knee, right	8	23	20	9	60
Mandible, left	11	6	10	8	35
Mandible, right	2	6	12	3	23
Leg, left .....	..	4	2	2	8
Leg, right	6	2	4	..	12
Mastoid, left	4	10	10	..	24
Mastoid, right	6	9	4	..	19
Myelogram .....	..	3	..	2	5
Nose	7	2	4	..	13
Pelvis	11	18	1	2	32
Pneumoencephalograms	8	8	16	..	32
Ribs, left	13	12	4	2	31
Ribs, right	9	14	2	..	25
Sinuses	32	47	12	13	104
Skull	225	160	151	108	644
Spine, cervical	24	38	21	9	92
Spine, lumbar	60	139	47	15	261
Spine, thoracic	22	84	23	5	134
Stomach	186	174	49	12	421
Wrist, left	32	48	12	14	106
Wrist, right	29	42	16	12	99
Electrocardiograms	175	95	10	13	293
Basal-metabolism rate	2	8	..	2	12
Thyroid uptake iodine	7	44	1	1	53
Deep therapy treatments	24	90	..	8	122
Total	3,024	3,084	1,496	1,174	8,777

GENERAL PLANT DIVISION

ANNUAL REPORT 1959-1960

Dietary Department

The Dietary Department of the South Carolina State Hospital continues to do a commendable job of providing well-balanced meals in sufficient quantities to the patients and employees of the South Carolina State Hospital and Pineland, A State Training School and Hospital. At the close of the fiscal year, plans for the food service center and dining rooms at State Park were virtually complete, and construction is expected to begin early in the fiscal year 1960-61.

The scope of the service provided by the Dietary Department can be realized when we note that during this fiscal year the following meals were served:

6,393,707	Regular diet meals to patients
576,000	Soft diets to patients
312,075	Special diets to patients
620,500	Meals to employees
27,373	Meals of strained food for Pineland

Changes in government regulations have caused the amounts of surplus foods received from Commodity Stabilization Service to be somewhat less than that received last year. Quantities of the foods received and actual value to the budget are as follows:

88,240 pounds Butter	\$12,353.60
27,500 dozen Eggs	37,400.00
751,500 pounds Flour	44,714.25
75,000 pounds Meal, corn	2,512.50
180,000 pounds Milk	31,500.00
184,200 pounds Rice	18,880.50
48,000 pounds Lard	6,000.00
	<hr/>
	\$153,360.85

Engineering Department

In addition to the regular maintenance of buildings, equipment, and properties of the South Carolina State Hospital, the Engineering Department was able to accomplish the following:

1. The front entrance to No. 1 Building at State Park remodeled. Both sides of the front door were paneled with glass block and a concrete slab stoop was built over the front steps.

2. An outdoor toilet was built, brick construction in the women's area, Columbia Unit.

3. An ice cream plant was built onto the present milk plant and the installation of equipment practically completed by the end of this fiscal year.

4. The farrowing house at the swine farm was enlarged in order to double pig production.

5. Work was begun on remodeling of the men's and women's dining rooms at the Columbia Unit. Quarry tile floors will be installed throughout, and the dining rooms will be ceiled and re-decorated.

The Engineering Department is working on a system of preventive maintenance wherever possible, but the hospital is still badly in need of funds to be used for the major renovation of many of its existing buildings. In order to provide a complete preventive maintenance program, we must get the general plant into a reasonable state of repair.

Farm Department

Although cost accounting figures are not available at this time for fiscal year 1959-60, improvements have been made in many phases of the overall operation of the Farm Department. More permanent pastures have been put in, breeding herds of swine and cattle have been improved and enlarged, and more scientific principles have been put into the operation of the poultry plant.

Farm production for hospital use was as follows:

887 bushels	Sweet Potatoes
1,636	Watermelons
89,030	dozen Eggs
9,290	pounds Dressed Hens
236,306	pounds Dressed Broilers
140,007	pounds Dressed Pork
59,912	boardfeet Pine lumber

The farm sold over twenty tons of Coastal Bermuda hay to other institutions and sold 1,636 cords of pine pulpwood on bid.

Housekeeping Department

Janitors and maids for the administrative areas formerly under the Engineering Department have been transferred to a newly created Housekeeping Department.

Functions of this department are to provide janitorial and maid service to administrative and public areas of the hospital and to provide The James F. Byrnes Clinical Center with a complete housekeeping service including the maintenance and issuing of all non-medical supplies. Although the department is now small by comparison, it is hoped that in the near future complete housekeeping services can be provided throughout the hospital.

Laundry Department

Since it has now become apparent that the South Carolina State Hospital will not construct a new laundry, a renewal of efforts to improve the laundry service have been most rewarding. Overall service to the South Carolina State Hospital and Pine-land, A State Training School and Hospital, have been improved in spite of the very poor condition of the laundry equipment and buildings in which this service is provided.

Milk Plant Department

The South Carolina Penitentiary farms delivered 413,839 gallons of raw milk to the hospital, including 36,600 gallons which were processed and returned to the Penitentiary for their use. Skim milk and chocolate increased the total quantity of milk which was clarified, pasteurized, homogenized, and bottled for hospital use to 463,648 gallons.

Now under construction and to be completed in early 1960-61 is a building to house ice cream manufacturing equipment which was purchased through Surplus Property from Parris Island, South Carolina. When put into operation this plant will provide high quality, low cost ice cream for patients and employees some three or four times each week.

Supply Department

In addition to receiving, storing, and issuing supplies of all kinds, the Supply Department was responsible for the manufacturing or processing of the following items:

Mattresses	2,614
Mattresses, rubber covered	1,955
Pillows	2,293
Pillow cases	36,497
Sheets	38,652
Dresses	26,112
Slips	23,292
Aprons	9,840
Night shirts	17,857
Table cloths	343
Dish towels	17,436

ADMINISTRATIVE DIVISION

PERSONNEL DEPARTMENT

A sufficient number of applicants were available to fill most non-professional vacancies. A total of 2,527 applicants were interviewed. The problem of obtaining registered nurses for psychiatric nursing continued to be acute. Vacancies existed throughout the year for nursing personnel.

A total of 456 persons were employed and 403 were separated for the reasons shown in Chart II. The annual rate of turnover based on an average of 1560 employees was 26%. This reflects a 3% increase in personnel turnover since the last annual report. The turnover rate is rather high and toward the end of the reporting period some attention was given to areas having an excessive turnover. Several meetings were held to discuss this problem and to determine the factors involved. More study will be directed to the turnover rate and its causes in the future.

On September 15, 1959, a new service rating plan was established. It is believed that the new service rating plan will provide for a more adequate evaluation and recording of employee job performance.

A new handbook entitled "South Carolina State Hospital Employee Rules and Regulations" was published in September 1959. This was written in order to supply employees with a source of information concerning the general policies of the hospital. The handbook was distributed to staff members, department heads, and one book for each 25 employees other than supervisors. Department heads conducted a scheduled series of conferences with all employees outlining the contents of the handbook. All new employees are required to read the handbook.

Service emblems and certificates were awarded to 133 employees of the Columbia and State Park Units as follows:

- 85 Five-year awards
- 36 Ten-year awards
- 6 Twenty-year awards
- 6 Thirty-year awards

CHART I

APPLICANTS AVAILABLE AND PERSONNEL EMPLOYED AND SEPARATED
FISCAL YEAR 1959-60

MONTH	Number Applicants Interviewed	Number Employed	Number Separated
July	172	33	32
August	150	42	54
September	192	41	52
October	187	53	28
November	115	30	20
December	82	13	18
January	211	34	34
February	254	33	40
March	251	39	30
April	350	35	34
May	282	30	22
June	281	68	39
Total	2,527	456	403

CHART II

REASONS FOR SEPARATION FROM SERVICE DURING FISCAL YEAR 1959-60

	Number of Separations	Per Cent (Nearest One-tenth)
<i>A. Resignation</i>		
1. Better opportunity	42	10.4
2. Disliked working conditions	17	4.2
3. Home responsibilities	27	6.7
4. Hours	0	.0
5. Ill health	19	4.7
6. Insufficient salary	38	9.4
7. Job standards not met during trial period	4	1.0
8. Marriage	2	.5
9. Military service	4	1.0
10. Moved from area of employment	46	11.4
11. Pregnancy	37	9.2
12. Returning to school	9	2.2
13. Transportation	0	.0
14. Other	27	6.7
<i>B. Discharge</i>		
1. Did not get along with fellow workers ..	0	.0
2. Did not get along with Supervisor	1	.2
3. Dishonesty	1	.2
4. Failure to report for work	42	10.4
5. Forced resignation	8	2.0
6. Insubordination	9	2.2
7. Irregular attendance	2	.5
8. Misconduct or violation of rules	22	5.5
9. Personality	0	.0
10. References	0	.0
11. Unsatisfactory work or incompetency ...	6	1.5
12. Other	1	.2
<i>C. Other</i>		
1. Death	5	1.2
2. Disability retirement	0	.0
3. Expiration of employment	19	4.7
4. Ill health	0	.0
5. Job abolished	1	.2
6. Service retirement	11	2.7
7. Other	3	.7
TOTAL	403	99.6%

REPORT OF PERSONNEL

June 30, 1960

FULL TIME PERSONNEL

DIVISION	EMPLOYED						VACANCIES						Total Authorized Strength
	White Male	White Female	Colored Male	Colored Female	Total	White Male	White Female	Colored Male	Colored Female	Total			
ADMINISTRATIVE DIVISION:													
Office of the Superintendent	1	2	..	..	3	..	..	..	..	..	3
Business Department	2	3	..	..	5	..	..	..	..	..	5
Finance Department	11	8	..	..	19	1	1	..	..	2	21
Personnel Department	4	3	..	..	7	..	..	..	..	..	7
Registrar Department	4	3	..	2	9	..	..	..	..	..	9
Total	22	49	..	2	73	1	1	..	..	2	75
PROFESSIONAL SERVICES DIVISION:													
Professional Services Department ..	7	3	..	..	10	..	..	..	..	..	10
Men's Service—Columbia	202	11	..	..	213	6	2	..	..	8	221
Women's Service—Columbia	8	248	..	..	256	1	6	..	..	7	263
Men's Service—State Park	11	..	151	11	173	1	..	3	..	4	177		
Women's Service—State Park	5	5	..	175	185	1	1	..	4	6	191		
Nursing Education Department ....	..	2	..	..	2	..	1	..	..	1	3
Chaplaincy Department	4	..	1	..	5	..	..	..	..	..	5
Dental Department	2	1	..	..	3	1	..	..	..	1	4
Para-Medical Services Department..	1	..	..	..	1	..	..	..	..	..	1
Laboratory Department	4	2	..	1	7	1	..	..	..	1	8
Library Department .....	..	1	..	..	1	..	..	..	..	..	1
Occupational Therapy Department..	1	6	..	..	7	..	1	..	..	1	8
Pharmacy Department	1	1	..	..	2	..	..	..	..	..	2
Psychology Department	7	..	..	..	7	1	..	..	..	1	8
Recreation Department	1	..	1	..	2	..	..	..	..	..	2
Social Service Department	5	1	2	2	10	..	2	..	..	2	12
X-ray Department	1	1	..	..	2	..	..	..	..	..	2
Volunteer Service Department .....	..	1	..	..	1	..	..	..	..	..	1
Music Therapy Department .....	..	1	..	..	1	..	..	..	..	..	1
Miscellaneous Service Department..	5	2	5	..	12	..	..	..	..	..	12
Student Training Department	19	5	..	..	24	1	1	..	..	2	26
Total	284	291	160	189	924	13	14	3	4	34	958		
GENERAL PLANT DIVISION:													
Housekeeping Department	3	2	9	6	20	..	1	..	..	1	21
Dietary Department	27	19	86	96	228	..	1	2	..	3	231		
Supply Department	7	..	5	..	12	..	..	1	..	1	13
Laundry Department	5	4	22	37	68	..	..	3	1	4	72
Milk Processing Department	2	..	7	..	9	..	..	1	..	1	10
Engineering Department	92	1	85	..	178	3	..	4	..	7	185		
Farm Department	4	..	11	..	15	..	..	1	..	1	16
Total	140	26	225	139	530	3	2	12	1	18	548		
TOTAL—Full Time Personnel ..	446	366	385	330	1,527	17	17	15	5	54	1,581		

PART TIME PERSONNEL

DIVISION	EMPLOYED						VACANCIES						Total Authorized Strength
	White Male	White Female	Colored Male	Colored Female	Total		White Male	White Female	Colored Male	Colored Female	Total		
ADMINISTRATIVE DIVISION:													
Finance Department	1	3	..	..	4	..	..	..	..	..	..	..	4
Total	1	3	..	..	4	..	..	..	..	..	..	..	4
PROFESSIONAL SERVICES DIVISION:													
Professional Services Department ..	12	..	..	..	12	..	..	..	..	..	..	..	12
Chaplaincy Department	1	..	..	..	1	..	..	..	..	..	..	..	1
Library Department .....	..	1	..	..	1	..	..	..	..	..	..	..	1
Pharmacy Department	1	..	..	..	1	..	..	..	..	..	..	..	1
Psychology Department .....	..	1	..	..	1	..	..	..	..	..	..	..	1
Social Service Department .....	..	1	..	..	1	..	..	..	..	..	..	..	1
Music Therapy Department .....	..	4	..	..	4	..	..	..	..	..	..	..	4
Total	14	7	..	..	21	..	..	..	..	..	..	..	21
TOTAL—Part Time Personnel ..	15	10	..	..	25	..	..	..	..	..	..	..	25
GRAND TOTAL: All Hospital Personnel	460	377	385	330	1,552	17	17	15	5	54	1,606		

**NATIONAL INSTITUTE MENTAL HEALTH DEVELOPMENT
GRANT OM-54**

REPORT OF PERSONNEL

June 30, 1960

FULL TIME PERSONNEL

DIVISION	EMPLOYED				VACANCIES				Total Authorized Strength
	White Male	White Female	Total		White Male	White Female	Total		
RESEARCH, TRAINING AND DEVELOPMENT DIVISION:									
Office of the Director .....	..	1	1	..	..	1	1	..	2
Research and Development Department	10	5	15	..	..	..	..	..	15
Training Department .....	..	..	..	..	..	2	2	..	2
Rehabilitation Department .....	..	..	..	..	..	..	..	..	..
Total—Full Time Personnel	10	6	16	..	3	3	3	..	19

PART TIME PERSONNEL

DIVISION	EMPLOYED				VACANCIES				Total Authorized Strength
	White Male	White Female	Total		White Male	White Female	Total		
RESEARCH, TRAINING AND DEVELOPMENT DIVISION:									
Office of the Director .....	..	..	..	..	..	..	..	..	..
Research and Development Department	3	2	5	..	..	..	..	..	5
Training Department .....	..	..	..	..	..	..	..	..	..
Rehabilitation Department	1	..	1	..	..	..	..	..	1
Total—Part Time Personnel	4	2	6	..	..	..	..	..	6
GRAND TOTAL: All NIMH Grant Personnel	14	8	22	..	3	3	3	..	25

OTHER GRANTS AND PROJECTS
FULL TIME AND PART TIME PERSONNEL
June 30, 1960

DIVISION	EMPLOYED					VACANCIES					Total Authorized Strength
	White Male	White Female	Colored Male	Total		White Male	White Female	Colored Male	Total		
Rehabilitation Training Project	5	7	..	12	..	1	..	1	13		
NIMH Social Service Grant OM-123	1	4	..	5	..	..	..	..	5
Total—Full Time and Part Time Personnel	6	11	..	17	..	1	..	1	18		

SOUTH CAROLINA STATE HOSPITAL

RETIRED

Fiscal Year 1959-60

MRS. LILLIE M. CAMPBELL

Position: Posting Machine Operator

Division: Administrative, Finance Department

Service Retirement: June 30, 1960

Length of Service: 30 years, 7 months, 6 days

MRS. CHARITY S. CARRIGAN

Position: Ward Nurse, R.N.

Division: Professional Services, Women's Service—Columbia

Service Retirement: August 31, 1959

Length of Service: 37 years, 9 months, 9 days

DR. GLENN B. CARRIGAN

Position: Psychiatrist II (Non-Certified)

Division: Professional Services, Men's Service—Columbia

Service Retirement: August 31, 1959

Length of Service: 36 years, 8 months

MRS. BEULAH F. DAYS

Position: Senior Psychiatric Aide

Division: Professional Services, Women's Service—State
Park

Service Retirement: June 30, 1960

Length of Service: 44 years, 1 month, 23 days

MR. ERNEST FOSTER

Position: Cook
 Division: General Plant, Dietary Department
 Food Production Section—State Park
 Service Retirement: July 31, 1959
 Length of Service: 22 years, 10 months, 16 days

MR. JAMES C. FRICK

Position: Supervisor of Psychiatric Aides
 Division: Professional Services, Men's Service—Columbia
 Service Retirement: March 31, 1960
 Length of Service: 44 years, 1 month, 18 days

DR. ELMER W. LONG

Position: Psychiatrist II (Non-Certified)
 Division: Professional Services, Men's Service—Columbia
 Service Retirement: September 30, 1959
 Length of Service: 33 years, 5 months, 18 days

MISS MAUDE E. MOORE

Position: Ward Nurse, R.N.
 Division: Professional Services, Men's Service—Columbia
 Service Retirement: January 9, 1960
 Length of Service: 38 years, 3 months, 27 days

MRS. IRENE A. PRICE

Position: Seamstress
 Division: Professional Services, Occupational and Industrial
 Therapy Department.
 Service Retirement: June 30, 1960
 Length of Service: 27 years, 5 months, 29 days

MRS. DEWIE S. SHEALY

Position: Matron
 Division: General Plant, Houskeeping Department
 Service Retirement: June 30, 1960
 Length of Service: 14 years, 9 months

MR. HENRY G. STARNES

Position: Supervisor of Psychiatric Aides
 Division: Professional Services, Men's Service—Columbia
 Service Retirement: March 14, 1960
 Length of Service: 39 years, 2 months, 7 days

DEATHS

Fiscal Year 1959-60

MR. DAVIS H. DYE

Position: Psychiatric Aide
Division: Professional Services, Men's Service—Columbia
Date of Death: February 6, 1960
Length of Service: 33 years, 8 months, 12 days

MR. THOMAS GUNTER

Position: Assistant Cook
Division: General Plant, Dietary Department
Food Production Section—Columbia
Date of Death: January 19, 1960
Length of Service: 8 years, 9 months, 5 days

MR. EDWARD McCLAURINE

Position: Psychiatric Aide
Division: Professional Services, Men's Service—State Park
Date of Death: March 26, 1960
Length of Service: 8 years, 1 month, 18 days

MR. PETE RUSHING

Position: Psychiatric Aide
Division: Professional Services, Men's Service—Columbia
Date of Death: August 1, 1959
Length of Service: 2 years, 5 months, 23 days

MRS. RUTH R. SNYDER

Position: Psychiatric Aide Trainee
Division: Professional Services, Women's Service—Columbia
Date of Death: February 4, 1960
Length of Service: 5 months, 25 days

ADMINISTRATIVE DIVISION

FINANCE DEPARTMENT

Year Ending June 30, 1960

Maintenance

The total operating revenue for the year was \$6,165,987.04, of which \$1,906.91 was transferred to the Vocational Rehabilitation Project.

In addition to expenditures of \$6,164,080.13, the following supplies were furnished to the hospital cost free:

U. S. Surplus Foods	\$153,360.85
Fresh Milk—377,239 gallons	203,709.06

Based on a daily average population of 6,548, the daily per capita cost was \$2.72. Excluding milk and surplus foods, the per diem amounted to \$2.51 (State Appropriation).

During the year \$16,729.28 was remitted to the General Fund of the State of South Carolina, representing collections from employees for subsistence and the sale of pulpwood.

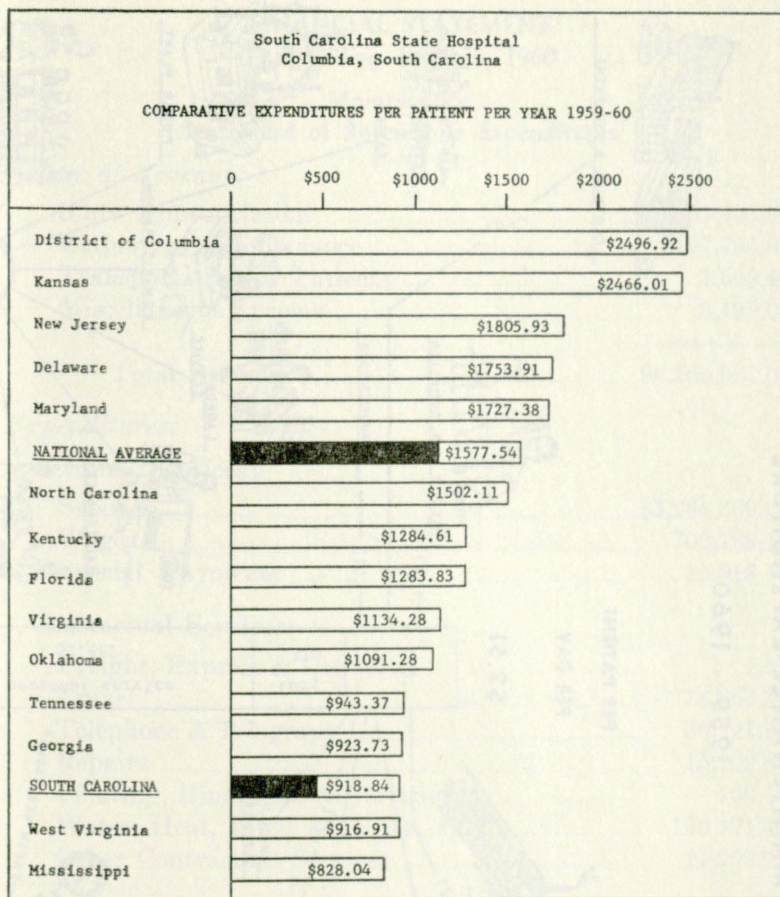
Permanent Improvements

Funds for permanent improvements were provided by State Appropriation and Federal Funds under the Hill-Burton Act.

The following projects were completed during 1959-60:

- Renovation of Existing Buildings—Columbia Unit
- Furnishing of Ward Building—Columbia Unit

Funds are on hand in the amount of \$24,556.41 from the State Appropriation for renovation of existing buildings.



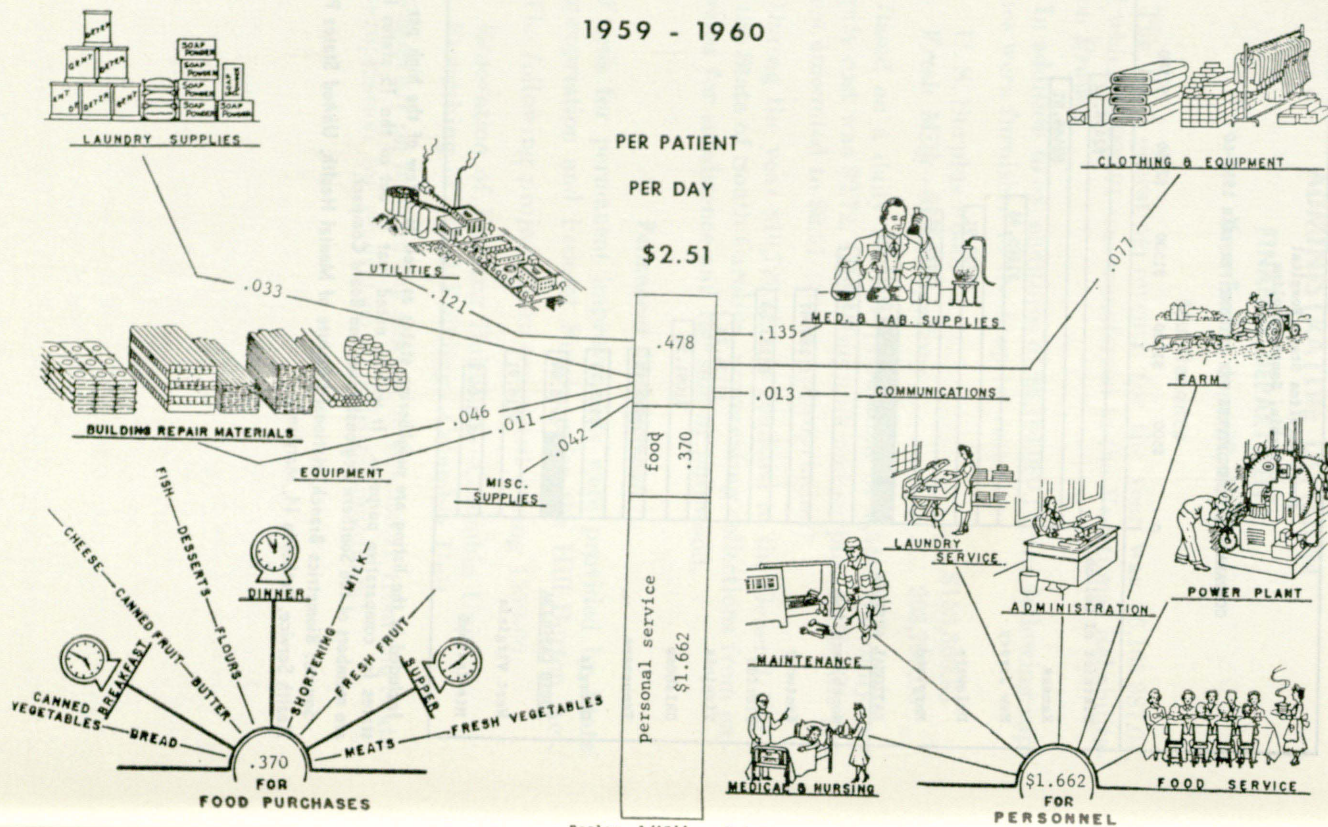
Included in the listing are neighboring states as well as a few of the high per diem states for comparative purposes. It will be noted that 12 out of the 15 states listed are members of the Southern Regional Education Board Compact.

Source: Biometrics Branch, National Institute of Mental Health, United States Public Health Service, Bethesda 14, Maryland.

SOUTH CAROLINA STATE HOSPITAL

MAINTENANCE EXPENDITURE

1959 - 1960



FINANCIAL STATEMENT

Year Ending June 30, 1960

Maintenance

Statement of Revenue & Expenditures

Source of Revenue:

State Appropriation	\$6,053,493.50
Employees' Maintenance	107,765.01
Transportation of Patients	1,529.46
Miscellaneous Income	3,199.07
Total Revenue	<u>\$6,165,987.04</u>

Expenditures:

Personal Services:

Salaries	\$3,264,369.55
Wages	702,789.19
Special Payments	15,918.10

Contractual Services:

Freight, Express & Deliveries	4.97
Travel	14,963.34
Telephone & Telegraph	30,221.90
Repairs	15,109.81
Printing, Binding & Advertising	166.46
Water, Heat, Light & Power	120,421.40
Other Contractual Services	14,093.28

Supplies:

Food	780,678.94
Fuel	171,511.59
Feed & Veterinary Supplies	71,824.35
Office Supplies	20,476.64
Household, Laundry & Janitorial Supplies	79,158.69
Medical Supplies	323,633.68
Educational Supplies	160.31
Motor Vehicle Supplies	18,271.44
Agricultural Supplies	4,164.46
Clothing & Dry Goods	183,974.69
Maintenance Supplies	97,895.39
Other Supplies	74,497.71

Poultry	12,791.07
Feeder Pigs	6,646.03

Fixed Charges & Contributions:

Rents	214.95
Insurance	71,429.28
Contributions & Dues	962.83
Other Fixed Charges	2,338.86

Equipment:

Office	6,684.06
Medical	4,437.23
Household	7,015.70
Motor Vehicle	5,391.47
Livestock	3,156.53
Other	3,706.23
Payment on Sprinkler System Note	35,000.00

Expenditures	\$6,164,080.13
Transferred to Vocational Rehabilitation Project	1,906.91
Total Expenditures	\$6,165,987.04

Permanent Improvements
Statement of Receipts & Disbursements
Year Ending June 30, 1960

Receipts:

State Appropriation	\$ 21,044.26
Federal Funds (Hill-Burton Fund)	20,715.73
Total	\$ 41,759.99

Disbursements:

Furnishing of Ward Building—Columbia Unit	\$ 29,932.23
Renovation of Existing Buildings—Columbia Unit	11,827.76
Total	\$ 41,759.99

ADDITIONAL URGENT NEEDS PERMANENT IMPROVEMENTS

Submitted, herewith, is information referable to the current status of permanent improvements at the South Carolina Hospital and a proposal for legislative action referable thereto.

Much progress has been made at the South Carolina State Hospital since 1952 in improving the housing conditions and augmenting the facilities thereat but much remains to be done in this regard. Using 70 square feet per patient as a yardstick, which is the minimum space a patient should be expected to live in (according to the South Carolina State Board of Health), the institution is still markedly overcrowded to the extent of 1875, and will be overpopulated to the extent of 1125 even after current appropriations have been expended (assuming the construction could be accomplished spontaneously). Actually, by the time the present construction becomes reality, the estimated overcrowding will amount to 1400 or 1500.

A long range plan of permanent improvements formulated several years ago is being followed. In addition to new construction, some progress is being made in effecting direly needed repairs and major renovations. Many years of operation without sufficient funds with which to carry on an adequate preventive maintenance program has caused many of the institution's older structures to become in serious need of major repair. Hospital maintenance personnel have been able to accomplish some repairs that have alleviated several critical situations but many additional repairs and renovations are necessary in order for the physical plant to serve functional purposes and at the same time be preserved in the proper manner.

Legislation enacted by the 1960 General Assembly made it possible for the hospital to issue notes of the State in an amount not exceeding \$5,000,000 for the construction of such facilities as are recommended by the Mental Health Commission and approved by the State Budget and Control Board.

\$1,275,000 has been allocated for the construction of a Food Service Center at the State Park Unit of the State Hospital. This facility will include food preparation facilities to feed 4,500 persons as well as two congregate dining rooms, each with a capacity of 500 to seat men and women patients. In addition, small cafeterias for white and Negro staff personnel are included.

Plans are well advanced for the construction of a new receiving ward building which will house 200 patients as well as provide headquarters for the various training programs that are conducted in the hospital, including the residency training program in psychiatry. The estimated cost of this structure is \$2,000,000, 50% of which will be financed by Hill-Burton funds.

Major additions to four ward buildings are now under way whereby the bed capacity of each building will be increased by 70. Overcrowding will be relieved to the extent of 280 beds in those areas of the hospital housing geriatric (old-age) type patients. The estimated cost of this construction is \$325,000.

The remaining \$2,400,000 out of the \$5,000,000 referred to heretofore will be used for construction of additional disturbed ward buildings (300 beds) at the State Park Unit *or* an infirmary building thereat (150 beds) and, at the Columbia Unit, it is hoped that the first ward section in a large geriatric center can be provided for (see below).

PROPOSED REQUEST FOR LEGISLATION

As soon as the entire \$5,000,000 bond issue has been placed under construction, additional funds will have to be provided in order to finance other urgently needed facilities at the hospital. A listing of these will be found below and, in order to finance the construction, it is proposed that the General Assembly enact legislation in 1961 similar to that provided several years ago for the State colleges and Universities, whereby the hospital would be empowered to continue issuing notes of the State as rapidly as prior obligations have been amortized, so long as the maximum indebtedness never exceeds \$5,000,000. Receipts from paying patients will be pledged to pay off these notes. In this way, a well-planned, long-range construction program could be carried out until such time as urgent needs are met.

The following represents urgent needs the money would be expended for and they are listed in order of priority; the total outlay in terms of present day construction costs would approximate 15 million dollars.

Repairs and Major Renovations

Extensive repairs and major renovations are needed at the Columbia and State Park Units of the hospital. Hospital main-

tenance employees augmented by the employment of temporary personnel would perform this work. For the sake of brevity a detailed itemization will not be given.

Geriatric Ward Buildings, Columbia

The term "geriatric" pertains to the old-age period of life and the diseases associated therewith. The aging process often brings about definite mental changes and some of these changes are so severe that the individual becomes completely unmanageable in the home situation. It is because of this problem that the South Carolina State Hospital is called upon to care for a large number of elderly people. This task is not to be confused with the usual problem of caring for a person in his dotage. During the last fiscal year approximately 21 per cent of the admissions (589 cases) were 60 years of age or over and the demand is rapidly increasing. Not only is the hospital called upon to accept these cases but it also has a large number of patients who have grown old in the institution because of the chronic nature of their illnesses. The present facilities for caring for these people are grossly inadequate, not at all suited for this type of case, and there is urgent need for construction of the proper type building. To take care of present needs and to allow for the increased demand, a 500-bed geriatric unit should be constructed. Because of the overcrowded condition, the construction of this unit would release approximately 400 beds which would be used for other type patients.

Infirmary Building—State Park

Mentally ill people suffer from all the other ailments and mishaps common to the human body. All need and deserve competent treatment in a building designed as a hospital. The present medical and surgical wards at the State Park Unit are makeshift and are scattered about in several locations. It is necessary to place acutely ill patients on a stretcher, load them in an ambulance and carry them to the Columbia Unit six and one-half miles away, for X-rays and other simple procedures that should be done locally. To provide adequate care for these physically sick patients, a building is sorely needed that will house them in close conjunction with the commonly used diagnostic and therapeutic facilities that are required in this work. Its facilities would not

have to be as complete as those of the medical-surgical building at the Columbia Unit due to the fact that patients from the State Park Unit could also utilize the highly specialized treatment facilities at the Columbia Unit. In addition to providing a much higher quality of care and treatment for these patients, the construction of this building would prove to be very economical in the long run. This unit will create 200 additional beds and the wards now occupied by these physically ill people would be utilized to house other type patients.

Nurses Classroom and Quarters—State Park

This building is needed to provide living quarters for 50 single, Negro nurses and women aides (attendants). Present accommodations are totally inadequate. This structure will attract more and better qualified personnel because many single employees now have to commute six and one-half miles to the city of Columbia in order to obtain living quarters.

In addition, more and more pressure is being exerted by nursing educators for the activation of a psychiatric affiliate nurse training program for Negro student nurses, such as the one now being operated at the Columbia Unit for white nurses. As a prerequisite to this, adequate housing will have to be available.

Geriatric Unit—State Park

This unit would be similar to the one described above for the Columbia Unit but would accommodate 250 patients rather than 500. Elderly Negroes are now scattered about in overcrowded ward areas that were not designed for this type of patient. Space now occupied by these patients would be renovated and used for patients who are not careless in their personal habits and hygiene.

Convalescent Buildings for Men and Women Patients Columbia and State Park

These structures would be occupied by patients who have improved and are able to enjoy many privileges, including freedom of the grounds. In order to provide for present overcrowding and allow for future needs, four buildings, each with a capacity of 100, should be constructed, one for each race and sex.

Receiving Ward Building—State Park

Additional space in the receiving ward area of the State Park Unit to house men and women patients would permit more intensive treatment of the newly admitted patients and should greatly enhance their chance for recovery. This structure would relieve overcrowding to the extent of 150 beds.

Nurses Home—Columbia

The present nurses home is not adequate to house all the single student nurses, aides (attendants) and graduate nurses. With the completion of structures described heretofore, of necessity the nursing staff will have to be materially augmented, thereby creating a need for suitable living quarters to house 100 women employees.

Central Heating Plant—State Park

At the present time, each of the 20-odd buildings at the State Park Unit is individually heated and very few of the heating units are automatically controlled. There is every reason to believe that a central heating plant would effect considerable monetary savings as a result of conservation of fuel and personnel reductions.

Shops Building—State Park

At the present time, housing for required general plant maintenance activities, such as carpentry, paint, electric shop, storage of vehicles etc., is in a temporary, tin-covered building that is grossly inadequate in size and equipment. In addition, the layout is such that an efficient operation cannot be executed.

Administration Buildings—Columbia and State Park

At present, administrative offices are scattered throughout the hospital. This is conducive to inefficient operation and makes for difficult supervision. The need for additional office space is very acute and the only reason it occupies the priority given is because patient needs should be met first.

Chapels—Columbia and State Park

At present, worship services are held in the new all-purpose auditoriums that were provided for in 1953. Recreational activi-

ties, motion pictures, dances, etc., are held here and a sanctuary is needed that will be symbolic of the emphasis the hospital places on chaplaincy treatment activities and worship services. Approximately \$60,000 is on hand for the chapel that will be provided at the Columbia Unit but additional money will be required to construct a church edifice that will be adequate in size (500 persons). No funds are available for the construction of a chapel at the State Park Unit.

ACKNOWLEDGMENTS

The matter of administering the affairs of the hospital was made easier by the counsel, encouragement and suggestions of the South Carolina Mental Health Commission, ever helpful in improving the functions and facilities of the hospital.

Again the associations with the General Assembly, as a whole and the individual members, as well as with various State Departments, were a privilege and a pleasure. There was a sympathetic understanding and a willingness to render every assistance with the mental health program generally, and with the hospital patients particularly.

There is appreciation to the medical staff, the nursing and aide corps, and to the personnel in every department for their devotion, loyalty and skill in behalf of the patients.

Many interested and devoted volunteers gave their time and efforts to bring community contacts to the patients, and sincere gratitude is expressed for their part in helping the patients, and in improving the understanding of the mental health program and the hospital by the public.

Each year an attempt is made to solve the greatest problem, and to reduce the extent of many other problems.

The need for additional personnel is stressed each year, and this continues to be an urgent need if the hospital is to continue providing adequate care and treatment for the patients.

The educational program must be expanded so that adequate training can be provided for all categories of personnel. The various programs would bring individuals to the hospital for training, and this would be a source of future recruitment, as well as providing more trained personnel for better care and treatment.

Realizing the importance of a medical hospital functioning as a training and treatment center, emphasis is being placed upon research to secure more knowledge about the causes of mental illness, the sociological factors which maintain the improvement of the patient and the results of various clinical therapies. The residency training program in psychiatry for physicians is in the process of being activated here, which will be a most progressive step, of mutual advantage to the medical staff and the patients.

Sincerely

WILLIAM S. HALL, M.D.

Superintendent

South Carolina State Hospital

**SOUTH CAROLINA STATE HOSPITAL
REPORT OF ARCHITECTS**

July 1, 1960

Dr. William S. Hall, Superintendent
South Carolina State Hospital
Columbia, South Carolina

Dear Dr. Hall:

We submit herewith, our report for the fiscal year ending June 30, 1960, covering the permanent improvements at the South Carolina State Hospital, which was performed through our services. This applies to both the Columbia and State Park Units. All work was performed under the auspices of the South Carolina Mental Health Commission, you and your staff.

Columbia Unit

The Central Laundry which has been approved for construction was designed in conjunction with the Victor Kramer Company, Inc., laundry management consultants. This laundry was to be constructed on the grounds of the Columbia Unit and operated by prison labor, transported daily from the State Penitentiary. Trips for inspection of similar facilities were made to The State Hospital in Milledgeville, Georgia, and to similar installations at Sykesville, Maryland and Goochland, Virginia. Results of the trips were the decision to use a plan where the soiled linen is unloaded at a second-floor level and sorted and dropped through chutes directly to washers below.

On April 18, 1960, a meeting was held in Governor Hollings' office. The Governor had expressed the opinion that the laundry should be constructed large enough to handle the penitentiary, besides State Hospital and Pineland, A State Training School and Hospital. Also, some objection had been raised on the use of prison labor within the confines of the State Hospital. A new program was suggested and developed to increase the size of the laundry to take care of seven thousand pounds per hour with increase to ten thousand pounds without changing the size of the building. It was also decided to construct the laundry on land belonging to State Hospital at State Park, to include dormitory space and necessary facilities for four hundred prisoners. It is apparent that this program will be adopted. Victor Kramer rep-

representatives are to come to Columbia to survey the various institutions to determine the exact requirements of the laundry. New designs will be prepared on the basis of their report.

Other work in the Columbia Unit included consultation and plans for the development of the recreation area. This work was done in cooperation with the voluntary recreation services. The architects are doing this work gratis as our contribution to the services.

State Park Unit

Final plans and specifications for the Food Service Center at State Park, consisting of a main kitchen, two patient dining rooms to seat five hundred each, and two aide dining rooms with necessary equipment, is nearing completion. It is expected that bids will be requested in September for the construction of this building. Considerable study has been given by the staff of the hospital in conjunction with the architects and kitchen consultant W. P. Rosselle, of Atlanta, Georgia. No other work has been done at the State Park Unit by the architects.

Permanent Improvement Requests

Permanent improvement estimates were prepared by Dr. William S. Hall, Superintendent. These were submitted to the Commission, and later to the State Budget and Control Board, to be presented to the South Carolina State Legislature covering the fiscal year 1960-61. The Legislature approved increased allotments for the Central Laundry and the Food Service Center. Also approved were sufficient funds for the construction of a Receiving and Intensive Treatment Building, plus funds for the beginning of a Geriatric Center, both in the Columbia Unit.

General conferences and assistance were given the staff of the hospital by the architects covering items of maintenance and improvements.

Respectfully submitted

LAFAYE, FAIR, LAFAYE & ASSOCIATES
R. S. Lafaye

RSL:bl

LABORATORY OF PARASITE CHEMOTHERAPY
NATIONAL INSTITUTES OF HEALTH
U. S. PUBLIC HEALTH SERVICE

March 6, 1961

Dr. William S. Hall
Superintendent
South Carolina State Hospital
Columbia, South Carolina

Dear Dr. Hall:

The report of the Laboratory of Parasite Chemotherapy, National Institutes of Health, Public Health Service, in connection with the South Carolina State Hospital, for the period ending June 30, 1960, is respectfully submitted.

In general the research program continued along the lines as indicated in last year's report. The major problem considered is that of intestinal parasitism in the mental patients, especially as related to the epidemiology and persistence, and also the development of better drugs for the removal of these parasites.

The use of malaria in the treatment of neurosyphilis continues to produce good clinical results in some of the patients and also to be productive of valuable information concerning the broad problem of malaria drugs. The Laboratory continues to act as a national center for the preservation and distribution of documented strains of human malaria for the treatment of neurosyphilis and other diseases.

Summary of Research

Malaria Studies: Primaquine given at the minute dose of 1.5 milligrams daily was sporontocidal, that is, prevented transmission of malaria by mosquitoes. However, half of that amount, that is, .75 milligram, was not completely effective in the prevention of transmission of the disease organism by the mosquitoes.

Malaria inoculations: During the year 35 patients at the South Carolina State Hospital were inoculated with malaria for therapy and five shipments of malaria blood were made to other hospitals or physicians for treatment of patients.

Studies on the Epidemiology of Intestinal Parasites: During the year the fifth annual evaluation of intestinal parasitoses in a controlled population was completed. The incidence of parasites present initially and after each of the five subsequent years in 66

patients who have remained in the population for the entire period is presented in table 1. Although there appears to be somewhat lower incidence of protozoa during the later years it is apparent that transmission continues, in spite of considerable improvement in environment. Of considerable interest is the apparent persistence of helminths. While the transmission of hookworm probably did not continue after the beginning of the study, nearly 70 per cent of the patients still maintained infections after five years. The incidence at any one time never exceeded 74.2 per cent (fluctuations in incidence were due to borderline cases, detectable only occasionally). In 20 hookworm cases where Stoll egg counts were done to determine changes in egg densities during the study, the reduction was very slow; during the final year the most pronounced reduction (37.8 per cent) occurred. Although some transmission of *Trichuris trichiura* occurred during the study, only three new cases appeared, and there was a decrease in the total cases by the fifth year. Stoll egg counts in 20 cases showed only a small decrease in average egg densities.

Investigations on the association of viruses and parasites: Laboratory studies in this field were continued during the year. Most of the emphasis was placed on the possible association of viruses with the malaria parasites of lower animals and some interesting results have been obtained. Mice were inoculated with malaria (*Plasmodium berghei*) and subsequently with the virus of St. Louis Encephalitis (SLE). While the introduction of this virus by the intraperitoneal route generally causes no viral symptoms or deaths, when such an inoculation is done in mice already infected with malaria, such viral symptoms and deaths occur as if the virus had been introduced into the central nervous system. This is indicative of a probable role of the parasite in the transport of the virus to the central nervous system. This same phenomenon occurred when the virus of lymphocytic choriomeningitis (LCM) was used. Of further interest in this latter combination, when blood was subinoculated intraperitoneally from mice infected with both agents, deaths and symptoms from the virus occurred as if the virus had been introduced intracerebrally. Whole blood from mice infected with virus alone gave no evidence of viral infection. Further exploration of this field is indicated, since it appears that there may be definite associations between the two pathogens.

Other studies of interest in this field were conducted using the malaria parasite of chickens (*P. gallinaceum*) and the SLE and LCM viruses. The giving of SLE virus intramuscularly to chickens generally produces a viremia at about 60 hours, but no viral symptoms or deaths. When this virus is given to chicks previously infected with the malaria parasite, this viremia generally appears somewhat earlier and persists somewhat longer than when the virus is given alone. The appearance of minimal amounts of virus in the central nervous system of the chicks is not increased, but it may be accelerated by the presence of the malaria parasite. In a few instances it appeared that the death of chicks from the malaria parasite might be somewhat accelerated by the presence of the viral agent. One question of considerable importance has not as yet been answered, but experiments are currently under way or planned. This concerns the possible role of the malaria parasite in the transmission of the virus from host to host. It is conceivable that there may be a real and important biological association of these two pathogens in their transmission through the mosquito host.

The virus of lymphocytic choriomeningitis (LCM) is not ordinarily infective to chicks. Several experiments where the malaria infection has been added to the viral inoculation indicate that the presence of the parasite does not alter this relationship in any way. No viremia appeared and the chicks died normally from the malaria infection.

Table 1. Parasite incidence in 66 institutionalized patients during a 5-year study (Saunders Building)

Parasite	Per Cent Infected					
	Initial	1 year	2 years	3 years	4 years	5 years
<i>Entamoeba histolytica</i>	10.6	7.6	13.6	10.6	1.5	4.5
<i>Entamoeba coli</i>	74.2	80.3	72.7	83.3	72.7	69.7
<i>Iodameba butschlii</i>	7.6	10.6	12.1	6.1	4.5	9.1
<i>Endolimax nana</i>	21.2	34.8	48.5	54.5	47.0	28.8
<i>Chilomastix mesnili</i>	25.8	12.1	18.2	18.2	21.2	9.1
<i>Trichomonas hominis</i>	12.1	9.1	10.6	13.6	12.1	9.1
<i>Giardia lamblia</i>	1.5	6.1	7.6	7.6	4.5	3.3
<i>Necator americanus</i>	71.2	71.2	74.2	69.7	71.2	66.7
<i>Strongyloides stercoralis</i>	31.8	24.2	15.2	16.7	12.1	6.1
<i>Trichuris trichiura</i>	78.8	72.7	72.7	74.2	72.7	65.2

Parasite Physiology: Research was initiated in which the nucleic acid levels of both the vertebrate and invertebrate host of malaria parasites were studied both qualitatively and quantitatively. It was found that cells infected with malaria parasites contained a higher level of ribonucleic acid than did the cells of uninfected hosts. It was also shown that there are qualitative differences between ribonucleic acid of infected blood cells from patients infected with *Plasmodium falciparum* which is resistant to Daraprim and that of cells from patients infected with *P. falciparum* which is sensitive to this drug.

Work has also been undertaken in which were studied the effects of anthelmintic drugs, specifically the bephenium compounds, on the physiology of worm parasites (*Nippostrongylus muris*) and their relation to the host (rat). *In vitro* studies have shown that these drugs can inhibit cytochrome oxidase and transaminase activity. *In vivo* studies are being carried on in which the effects of dosing the host with the drug are being measured. Some of the variables being examined are the egg count, the location of the worms along the small intestine, and the activity of various enzyme systems.

Tissue Culture: Studies have been conducted on the culture of insect tissue preliminary to the studies of arthropod-borne pathogens *in vitro*. Thus far, tissues from caterpillars and moth pupae have been grown in culture for short periods, using a number of different culture media.

The larvae of mosquitoes have been fed mouse brain suspensions containing St. Louis encephalitis virus. The virus persists through the various developmental stages into the adult mosquito. The infection rates are low and to date only four confirmed virus transmissions by the resultant adult mosquitoes have been obtained.

Insectary: During the year the insectary produced 910,491 mosquitoes for malaria and other research work. Mosquitoes were also produced to help with a malaria project being conducted at the Federal Prison in Atlanta, Georgia. For instance, in the fall of 1959, the Atlanta project was furnished 27,000 adult mosquitoes and 10,000 mosquito eggs.

Visitors

Foreign visitors during the period included:

Dr. O. D. Standen, Wellcome Laboratory of Tropical Medicine, London, England.

Dr. Jacques Cerf, Health Officer, Leopoldville, Belgian Congo.

Miscellaneous

During the year Dr. Martin D. Young took part in various activities, as follows: In August 1959, he visited the Torrance State Hospital in Pennsylvania in connection with malaria therapy and research. In November 1959, he was reappointed to the Editorial Board of the American Journal of Tropical Medicine and Hygiene, at the same time relinquishing his temporary assignment of Editor, *pro tem*, for the same journal. In March of 1960, he was elected for a four year term to the City Board of Health (Advisory) for Columbia, South Carolina. He was the invited speaker for the local WIS-TV World Health Day Program in April 1960, and spoke on Malaria. As Advisor to the Pan American Health Organization, he lectured on chemotherapy of malaria at the Senior Officials Course of the Malaria Eradication Training Course in Kingston, Jamaica, for a week in March and a week in May 1960.

Dr. Geoffrey M. Jeffery was honored twice during the fiscal year by scientific societies. In October of 1959, he received the Bailey K. Ashford Award at the annual meeting of the American Society of Tropical Medicine and Hygiene in Indianapolis. The Award carries a \$1,000 honorarium and a gold medal commemorating the occasion. He later gave an invited lecture to the research staff of the Eli Lilly Laboratories, sponsor for the Ashford Award. At the annual meeting of the South Carolina Academy of Science in March 1960, he was given the Jefferson Award on his paper entitled "Studies on the Survival of Trophozoites of *Plasmodium berghei* in Glycerolized Whole Blood at Low Temperatures." He was also elected to Council for the Academy of Science.

Dr. William E. Collins spent the month of July 1959 in Denver, Colorado, attending a course in "Methods and Principles of Tissue Culture" offered by the Tissue Culture Association in cooperation with the University of Colorado Medical Center.

Dr. Jeffery and Dr. Collins were the speakers at the April meeting of the State Hospital Journal Club. They discussed the work of the Public Health Service Laboratory here.

During the year the professional staff members took turns lecturing to the groups of medical students from the Medical College of South Carolina, with a new group every two weeks.

Meetings

Dr. Martin D. Young and Dr. Geoffrey M. Jeffery attended the annual meetings of the American Society of Tropical Medicine and Hygiene in Indianapolis, Indiana, on October 30, 1959. Both were on the program at the meeting. Dr. Young delivered his paper on "The Effect of Small Doses of Primaquine upon Malaria Infections." Dr. Jeffery gave a paper entitled "The Comparative Anthelmintic Effects of Dithiazanine and Tetrachloroethylene Individually and in Combination," by G. M. Jeffery, M. D. Young and B. F. Wyman.

Dr. Young also attended the Council meeting as Editor-in-Chief *pro tem.* of the American Journal of Tropical Medicine and Hygiene, and as a past-president.

Dr. G. M. Jeffery attended the annual meeting of the Association of Southeastern Biologists in New Orleans in April. He presented two papers, one entitled "The Comparative Efficacy of Bephenium Hydroxynaphthoate and Tetrachloroethylene Against Hookworm and Other Parasites of Man," by Drs. M. D. Young, G. M. Jeffery, W. G. Morehouse, J. E. Freed, and R. S. Johnson, and the other, "The Comparative Anthelmintic Effects of Dithiazanine and Tetrachloroethylene Individually and in Combination," by Drs. G. M. Jeffery and M. D. Young. Dr. Jeffery is Editor of the ASB Bulletin, official organ of the Association.

Dr. M. D. Young attended the annual meeting of the South Carolina Public Health Association at Myrtle Beach, South Carolina, on May 12 and 13.

Papers Published

- Wolcott, G. B.—The Chromosomes of *Diphyllbothrium ursi*. J. Parasit. 45:378 and 384. August 1959.
- Young, M. D.—The Effect of Small Doses of Primaquine Upon Malaria Infections. Ind. J. Mal. 13:69-74. June/September 1959.
- Jeffery, G. M.—A Three-year Epidemiologic Study of Intestinal Parasites in a Selected Group of Mental Patients. Am. J. Hyg. 71:1-8. January 1960.
- Phifer, K.—Permeation and Membrane Transport in Animal Parasites: The Absorption of Glucose by *Hymenolepis diminuta*. J. Parasit. 46:51-62. February 1960.
- Young, M. D.—MALARIA—A study of Scientific Exploration and Achievement. Bull. S. C. Acad. Sci. 21:32-37. February 1960.
- Young, M. D.—Malaria (Chapter in Manual of Tropical Medicine, third edition, by Hunter, Frye, and Swartzwelder. W. B. Saunders Company, Philadelphia). March 1960.
- Jeffery, G. M.—Infectivity to Mosquitoes of *Plasmodium vivax* and *Plasmodium falciparum* Under Various Conditions. Am. J. Trop. Med. and Hyg. 9:315-320. May 1960 (Given as response to receiving Bailey K. Ashford Award.)
- Jeffery, G. M.—Book Review: The Ecology of Human Diseases, by Jacques M. May. Am. J. Trop. Med. and Hyg. 9:350-351. May 1960.
- Young, M. D.—Book Review: Parasitology (Protozoology and Helminthology) in Relation to Clinical Medicine, by K. D. Chatterjee. Am. J. Trop. Med. and Hyg. 9:351. May 1960.

Personnel

In addition to the Director, the personnel of the Laboratory of Parasite Chemotherapy, as of June 30, 1960, included:

Dr. Geoffrey M. Jeffery, Senior Scientist, PHS; Dr. William E. Collins, Biologist (Medical); Dr. Kenneth O. Phifer, Assistant Scientist, PHS; Mr. Jimmie C. Skinner, Research Technician (Parasitology); Mr. Andrew J. Harrison, Research Technician (Parasitology); Mr. Leo E. Chester, Medical Biology Technician; Mr. Wyman H. Haigler, Medical Biology Technician; Mrs. Jane H. Henson, Medical Biology Technician; Mr. Thomas S. Kearse, Medical Biology Technician; Miss Margaret Jean Rivers, Medical Biology Technician; Mrs. Mary N. Schwinn, Secretary; Mrs. Grace F. Woody, Clerk Stenographer; Mr. John Sharper, Jr., Laboratory Animal Caretaker; and Mr. James Kennedy, Jr., Laboratory Worker.

Respectfully submitted

MARTIN D. YOUNG, Sc.D.
Scientist Director

ADMINISTRATIVE DEPARTMENT

REGISTRAR DIVISION

STATISTICAL DATA

TABLE 2—FIRST ADMISSIONS DURING THE YEAR BY AGE AT ADMISSION AND MENTAL DISORDER—WHITE—MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication.....	31	..	..	5	13	10	3	..	..	..	..
Drug or poison intoxication (except alcohol).....	6	..	..	1	1	2	2	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	37	..	..	6	14	12	5	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Diseases and conditions due to prenatal (constitu- tional) influence.....	1	..	1	..	..	..	..	..	..	..	..
Other intracranial infections.....	2	1	1	..	..	..	..	..	..	..	..
Alcohol intoxication.....	2	..	..	..	..	1	1	..	..	..	..
Birth trauma.....	2	1	..	..	1	..	..	..	..	..	..
Other trauma.....	10	..	..	2	5	2	1	..	..	..	..
Cerebral arteriosclerosis.....	168	..	..	..	..	3	24	56	76	8	1
Other circulatory disturbance.....	9	..	..	..	..	3	3	..	3	..	..
Convulsive disorder.....	6	..	3	3	..	..	..	..	..	..	..
Senile brain disease.....	1	..	..	..	..	..	..	1	..	..	..
Intracranial neoplasm.....	1	..	..	..	..	..	1	..	..	..	..
Diseases of unknown and uncertain cause.....	4	..	..	1	..	2	1	..	..	..	..
Chronic brain syndrome of unknown cause.....	4	..	..	..	1	2	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	210	2	5	6	7	14	31	57	79	8	1
PSYCHOTIC DISORDERS:											
Involuntary psychotic reaction.....	11	..	..	..	..	5	6	..	..	..	..
Manic-depressive reaction.....	23	..	1	1	6	3	7	3	..	..	..
Schizophrenic reactions.....	161	1	26	59	36	29	7	1	..	..	..
Paranoid reactions.....	4	..	..	..	1	..	2	1	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	199	1	27	60	43	37	22	5	..	..	4
PSYCHONEUROTIC REACTIONS.....	68	..	5	13	23	21	6	..	..	..	..
PERSONALITY DISORDERS:											
Personality pattern disturbance.....	8	..	1	3	2	2	..	..	..	..	..
Personality trait disturbance.....	14	..	5	3	3	2	..	1	..	..	..
Antisocial reaction.....	19	..	3	11	3	1	1	..	..	..	..
Sexual deviation.....	3	..	2	1	..	..	..	..	..	..	..
Alcoholism (addiction).....	113	..	6	17	47	35	8	..	..	..	..
Drug addiction.....	1	..	..	..	..	1	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	158	..	17	35	55	40	10	1	..	..	..
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	3	..	1	1	1	..	..	..	..	..	..
MENTAL DEFICIENCY.....	33	..	4	9	11	8	1	..	..	..	..
WITHOUT MENTAL DISORDER.....	94	4	23	22	19	8	1	1	..	..	16
GRAND TOTAL.....	802	7	82	152	173	140	76	64	79	8	21

TABLE 2—READMISSIONS DURING THE YEAR BY AGE AT ADMISSION AND MENTAL DISORDER—WHITE—MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
Alcohol intoxication	15	..	..	2	8	2	3	..	..	..
Drug or poison intoxication (except alcohol)	3	..	..	..	1	1	1	..	..	..
TOTAL ACUTE BRAIN SYNDROMES	18	..	..	2	9	3	4	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Meningoencephalitic syphilis	3	..	..	..	..	1	1	1	..	..
Alcohol intoxication	1	..	..	..	..	1	..	..	..	..
Cerebral arteriosclerosis	27	..	..	..	..	1	8	9	6	3
Other circulatory disturbance	1	..	..	..	..	1	..	..	..	..
Convulsive disorder	4	..	..	1	1	2	..	..	..	..
Senile brain disease	1	..	..	..	..	..	..	1	..	..
Chronic brain syndrome of unknown cause	1	..	..	..	..	1	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES	38	..	..	1	1	7	9	11	6	3
PSYCHOTIC DISORDERS:										
Involutional psychotic reaction	1	..	..	..	..	..	1	..	..	..
Manic-depressive reaction	23	..	1	..	2	11	4	5	..	..
Psychotic depressive reaction	1	..	..	..	..	1	..	..	..	..
Schizophrenic reactions	70	..	6	21	23	16	3	1	..	..
TOTAL PSYCHOTIC DISORDERS	95	..	7	21	25	28	8	6	..	..
PSYCHONEUROTIC REACTIONS	12	..	..	3	4	2	3	..	..	..
PERSONALITY DISORDERS:										
Personality pattern disturbance	5	..	..	4	..	..	1	..	..	..
Personality trait disturbance	5	..	1	1	2	1	..	..	..	..
Alcoholism (addiction)	61	..	..	7	22	21	11	..	..	..
Drug addiction	2	..	..	..	..	1	1	..	..	..
TOTAL PERSONALITY DISORDERS	73	..	1	12	24	23	13	..	..	..
MENTAL DEFICIENCY	11	..	..	6	1	2	2	..	..	..
WITHOUT MENTAL DISORDER	19	..	3	7	4	4	1	..	..	..
GRAND TOTAL	266	..	11	52	68	69	40	17	6	3

TABLE 2—FIRST ADMISSIONS DURING THE YEAR BY AGE AT ADMISSION AND MENTAL DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication	6	..	..	4	..	2	..	..	..	..	..
Drug or poison intoxication (except alcohol)	15	..	1	4	5	4	1	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES	21	..	1	8	5	6	1	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Other intracranial infections	1	..	..	..	..	1	..	..	..	..	..
Alcohol intoxication	1	..	..	..	..	1	..	..	..	..	..
Drug or poison intoxication (except alcohol)	1	..	..	..	1	..	..	..	..	..	..
Birth trauma	2	..	..	..	..	..	..	..	..	..	..
Other trauma	1	..	..	1	..	1	..	..	..	..	..
Cerebral arteriosclerosis	1	..	..	..	..	..	1	..	..	..	..
Other circulatory disturbance	120	..	..	1	1	4	15	55	32	12	..
Convulsive disorder	6	..	2	4	..	2	1	2	..	1	..
Senile brain disease	33	..	..	..	..	..	..	7	18	8	..
Other disturbance of metabolism, growth, and nutrition	1	..	..	..	..	1	..	..	..	..	..
Diseases of unknown and uncertain cause	3	1	..	1	..	..	1	..	..	..	..
Chronic brain syndrome of unknown cause	2	..	..	..	..	2	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES	177	1	2	7	2	12	18	64	50	21	..
PSYCHOTIC DISORDERS:											
Involuntary psychotic reaction	2	..	..	..	..	1	1	..	..	..	..
Manic-depressive reaction	6	..	..	2	2	..	2	..	..	..	..
Schizophrenic reactions	192	..	27	55	59	39	12	..	..	..	..
Paranoid reactions	2	..	..	1	..	..	1	..	..	..	..
TOTAL PSYCHOTIC DISORDERS	202	..	27	58	61	40	16	..	..	..	..
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS	2	..	..	..	1	1	..	..	..	..	..
PSYCHONEUROTIC REACTIONS	169	..	16	52	48	40	11	2	..	..	..
PERSONALITY DISORDERS:											
Personality pattern disturbance	2	..	1	..	1	..	..	..	..	..	..
Personality trait disturbance	11	..	3	2	4	2	..	..	..	..	..
Antisocial reaction	3	..	1	2	..	..	..	..	..	..	..
Dyssocial reaction	1	..	..	..	..	1	..	..	..	..	..
Sexual deviation	1	..	..	1	..	..	..	..	..	..	..
Alcoholism (addiction)	24	..	..	6	10	5	3	..	..	..	..
Drug addiction	5	..	1	1	2	1	..	..	..	..	..
TOTAL PERSONALITY DISORDERS	47	..	6	12	17	9	3	..	..	..	..
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	14	2	8	1	3	..	..	..	..	..	..
MENTAL DEFICIENCY	24	1	3	6	10	2	2	..	..	..	..
WITHOUT MENTAL DISORDER	18	1	2	2	1	3	1	2	3	2	1
GRAND TOTAL	674	5	65	146	148	113	52	68	53	23	1

TABLE 2—READMISSIONS DURING THE YEAR BY AGE AT ADMISSION AND MENTAL
DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication	3			3							
Drug or poison intoxication (except alcohol)	5			1	1	2	1				
TOTAL ACUTE BRAIN SYNDROMES	8			4	1	2	1				
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication	1						1				
Drug or poison intoxication (except alcohol)	1						1				
Cerebral arteriosclerosis	41						9	16	15	1	
Other circulatory disturbance	1						1				
Convulsive disorder	3		1		1	1					
Senile brain disease	3							1	2		
Chronic brain syndrome of unknown cause	1				1						
TOTAL CHRONIC BRAIN SYNDROMES	51		1		2	1	12	17	17		
PSYCHOTIC DISORDERS:											
Involuntary psychotic reaction	1					1					
Manic-depressive reaction	9				2	2	5				
Schizophrenic reactions	129		4	30	45	36	12	1			1
TOTAL PSYCHOTIC DISORDERS	139		4	30	47	39	17	1			1
PSYCHONEUROTIC REACTIONS	24			1	12	6	5				
PERSONALITY DISORDERS:											
Personality pattern disturbance	4		4								
Personality trait disturbance	2				1	1					
Alcoholism (addiction)	11			2	5	2	2				
Drug addiction	3				2	1					
TOTAL PERSONALITY DISORDERS	20		4	2	8	4	2				
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	2	1			1						
MENTAL DEFICIENCY	8		1	1	1	3	2				
WITHOUT MENTAL DISORDER	1			1							
GRAND TOTAL	253	1	10	39	72	55	39	18	17	1	1

TABLE 2—FIRST ADMISSIONS DURING THE YEAR BY AGE AT ADMISSION AND MENTAL DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication.....	57	..	5	21	20	5	6	..	..	..	..
All other conditions.....	1	..	..	..	1	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	58	..	5	21	21	5	6	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Diseases and conditions due to prenatal (constitu- tional) influence.....	1	..	..	..	1	..	..	..	..	..	..
Meningoencephalitic syphilis.....	6	1	..	..	2	1	2	..	..	..	..
Other CNS syphilis.....	1	..	..	..	..	1	..	..	..	..	..
Alcohol intoxication.....	8	..	..	2	4	2	..	..	..	..	..
Birth trauma.....	2	..	2	..	..	..	..	..	..	..	..
Other trauma.....	3	..	2	..	..	1	..	..	..	..	..
Cerebral arteriosclerosis.....	72	..	..	..	2	12	15	24	16	3	..
Other circulatory disturbance.....	2	..	..	..	1	1	..	..	..	..	..
Convulsive disorder.....	6	1	1	2	1	1	..	..	..	..	..
Senile brain disease.....	1	..	..	..	..	..	..	..	..	1	..
Chronic brain syndrome of unknown cause.....	3	..	1	..	1	1	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	105	2	6	4	12	20	17	24	16	4	..
PSYCHOTIC DISORDERS:											
Manic-depressive reaction.....	4	..	..	1	1	2	..	..	..	..	..
Psychotic depressive reaction.....	1	..	..	..	..	1	..	..	..	..	..
Schizophrenic reactions.....	100	2	34	27	31	5	1	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	105	2	34	28	32	8	1	..	..	..	..
PSYCHONEUROTIC REACTIONS.....	1	..	..	..	1	..	..	..	..	..	..
PERSONALITY DISORDERS:											
Personality pattern disturbance.....	1	..	..	1	..	..	..	..	..	..	..
Antisocial reaction.....	2	..	1	1	..	..	..	..	..	..	..
Alcoholism (addiction).....	1	..	1	..	..	..	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	4	..	2	2	..	..	..	..	..	..	..
MENTAL DEFICIENCY.....	16	1	10	2	3	..	..	..	..	..	..
WITHOUT MENTAL DISORDER.....	34	7	12	6	5	3	1	..	..	..	..
GRAND TOTAL.....	323	12	69	63	74	36	25	24	16	4	..

TABLE 2—READMISSIONS DURING THE YEAR BY AGE AT ADMISSION AND MENTAL
DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	known Age Un-
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication.....	7	..	..	1	5	1	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	7	..	..	1	5	1	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Meningoencephalitic syphilis.....	3	..	..	..	..	1	..	2	..	..	..
Alcohol intoxication.....	2	..	..	..	2	..	..	..	..	..	..
Birth trauma.....	1	..	..	1	..	..	..	..	..	..	..
Cerebral arteriosclerosis.....	15	..	..	..	..	3	4	7	1	..	..
Convulsive disorder.....	1	..	..	1	..	..	..	..	..	..	..
Diseases of unknown and uncertain cause.....	1	..	..	..	..	1	..	..	..	..	..
Chronic brain syndrome of unknown cause.....	1	..	..	..	1	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	24	..	..	2	3	5	4	9	1	..	..
PSYCHOTIC DISORDERS:											
Manic-depressive reaction.....	8	..	..	..	..	3	4	1	..	..	..
Schizophrenic reactions.....	46	..	7	20	11	8	..	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	54	..	7	20	11	11	4	1	..	..	..
MENTAL DEFICIENCY.....	1	..	..	1	..	..	..	..	..	..	..
WITHOUT MENTAL DISORDER.....	6	..	3	1	2	..	..	..	..	..	..
GRAND TOTAL.....	92	..	10	25	21	17	8	10	1	..	..

TABLE 2—FIRST ADMISSIONS DURING THE YEAR BY AGE AT ADMISSION AND MENTAL DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication	6	..	2	3	1	..	..	..	..	..	..
All other conditions	2	..	..	1	..	..	..	1	..	..	..
TOTAL ACUTE BRAIN SYNDROMES	8	..	2	4	1	..	..	1	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Meningoencephalitic syphilis	2	..	..	1	1	..	..	..	..	..	..
Alcohol intoxication	6	..	1	2	3	..	..	..	..	..	..
Cerebral arteriosclerosis	38	..	..	..	..	9	18	7	4	..	..
Other circulatory disturbance	7	..	..	..	1	3	2	..	1	..	..
Convulsive disorder	7	1	1	2	2	..	1	..	..	..	..
Senile brain disease	33	..	..	..	..	..	2	11	16	4	..
Other disturbance of metabolism, growth, and nutrition	1	..	..	..	..	1	..	..	..	..	..
Chronic brain syndrome of unknown cause	1	..	..	..	..	1	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES	95	1	2	5	7	14	23	18	21	4	..
PSYCHOTIC DISORDERS:											
Manic-depressive reaction	43	1	5	..	19	13	4	..	..	..	1
Schizophrenic reactions	93	1	28	35	23	5	1	..	..	..	..
Paranoid reactions	21	..	..	21	..	..	..	..	..	..	..
TOTAL PSYCHOTIC DISORDERS	157	2	33	56	42	18	5	..	..	..	1
PSYCHONEUROTIC REACTIONS	3	..	2	1	..	..	..	..	..	..	..
PERSONALITY DISORDERS:											
Personality trait disturbance	1	..	..	1	..	..	..	..	..	..	..
TOTAL PERSONALITY DISORDERS	1	..	..	1	..	..	..	..	..	..	..
MENTAL DEFICIENCY	15	..	6	5	2	1	1	..	..	..	..
WITHOUT MENTAL DISORDER	16	3	6	1	1	3	..	..	..	..	2
GRAND TOTAL	295	6	51	73	53	36	29	19	21	4	3

TABLE 2—READMISSIONS DURING THE YEAR BY AGE AT ADMISSION AND MENTAL
DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
Alcohol intoxication.....	1	..	..	1	..	..	..	..	..	..
All other conditions.....	1	..	..	1	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	2	..	..	2	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Cerebral arteriosclerosis.....	6	..	..	..	1	1	3	..	1	..
Other circulatory disturbance.....	2	..	..	..	..	..	2	..	..	..
Convulsive disorder.....	2	..	..	..	1	..	1	..	..	..
Senile brain disease.....	3	..	..	..	..	..	..	2	1	..
TOTAL CHRONIC BRAIN SYNDROMES.....	13	..	..	..	2	1	6	2	2	..
PSYCHOTIC DISORDERS:										
Manic-depressive reaction.....	38	..	..	10	13	12	2	1	..	..
Schizophrenic reactions.....	40	..	6	15	12	7	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	78	..	6	25	25	19	2	1	..	..
MENTAL DEFICIENCY.....	4	..	..	2	1	..	1	..	..	..
WITHOUT MENTAL DISORDER.....	2	..	1	..	..	1	..	..	..	..
GRAND TOTAL.....	99	..	7	29	28	21	9	3	2	..

TABLE 3—ALL DISCHARGES—FIRST ADMISSIONS BY AGE AT DISCHARGE AND MENTAL DISORDER—WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication	31	..	..	4	15	10	2	..	..	..	..
Drug or poison intoxication (except alcohol).....	6	..	..	1	1	2	2	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	37	..	..	5	16	12	4	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Meningoencephalitic syphilis.....	1	..	..	..	..	..	..	1	..	..	..
Other CNS syphilis	2	..	..	..	1	..	..	1	..	..	..
Epidemic encephalitis	1	..	..	..	..	1	..	..	..	..	..
Alcohol intoxication	1	..	..	..	..	1	..	..	..	..	..
Birth trauma	1	1	..	..	..	..	..	..	..	..	..
Other trauma	3	..	..	1	2	..	..	..	..	..	..
Cerebral arteriosclerosis	40	..	..	..	..	2	7	17	12	2	..
Other circulatory disturbance.....	4	..	..	..	..	1	1	2	..	..	..
Convulsive disorder	6	..	3	3	..	..	..	..	..	..	..
Senile brain disease	2	..	..	..	..	..	..	..	1	1	..
Diseases of unknown and uncertain cause.....	2	..	..	..	..	2	..	..	..	..	..
Chronic brain syndrome of unknown cause.....	2	..	..	..	..	2	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	65	1	3	4	3	9	8	21	13	3	..
PSYCHOTIC DISORDERS:											
Involuntary psychotic reaction.....	6	..	..	..	..	5	1	..	..	..	..
Manic-depressive reaction	12	..	1	1	2	2	5	1	..	..	..
Schizophrenic reactions	116	..	20	40	29	20	7	..	..	..	..
Paranoid reactions	4	..	..	..	2	..	..	2	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	138	..	21	41	33	27	13	3	..	..	..
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS											
.....	1	..	..	1	..	..	..	..	..	..	..
PSYCHONEUROTIC REACTIONS.....											
.....	56	..	5	12	12	22	4	..	..	1	..
PERSONALITY DISORDERS:											
Personality pattern disturbance.....	6	..	1	3	1	1	..	..	..	..	..
Personality trait disturbance	13	..	4	3	3	2	..	1	..	..	..
Antisocial reaction	21	..	3	13	3	1	1	..	..	..	..
Sexual deviation	2	..	2	..	..	..	..	..	..	..	..
Alcoholism (addiction).....	118	..	5	19	47	37	10	..	..	..	..
Drug addiction	1	..	..	..	..	1	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	161	..	15	38	54	42	11	1	..	..	..
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE											
.....	3	..	1	1	1	..	..	..	..	..	..
MENTAL DEFICIENCY.....											
.....	13	..	6	2	4	..	1	..	..	..	..
WITHOUT MENTAL DISORDER.....											
.....	90	6	23	22	24	6	3	1	..	..	5
GRAND TOTAL.....	564	7	74	126	147	118	44	26	13	4	5

TABLE 3—ALL DISCHARGES—READMISSIONS BY AGE AT DISCHARGE AND MENTAL DISORDER—WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
Alcohol intoxication	14	..	..	3	5	4	2	..	..	..
Drug or poison intoxication (except alcohol)	3	..	..	..	1	2	..	..	..	..
All other conditions	1	..	..	..	..	1	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES	18	..	..	3	6	7	2	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Meningoencephalitic syphilis	2	..	..	..	..	1	1	..	..	..
Cerebral arteriosclerosis	9	..	..	..	..	1	4	3	1	..
Convulsive disorder	2	..	..	..	1	1	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES	13	..	..	..	1	2	5	4	1	..
PSYCHOTIC DISORDERS:										
Manic-depressive reaction	24	..	..	..	3	9	7	5	..	..
Schizophrenic reactions	51	..	3	15	17	13	3	..	..	..
Paranoid reactions	1	..	..	..	..	..	1	..	..	..
TOTAL PSYCHOTIC DISORDERS	76	..	3	15	20	22	11	5	..	..
PSYCHONEUROTIC REACTIONS	13	..	..	2	6	2	3	..	..	..
PERSONALITY DISORDERS:										
Personality pattern disturbance	1	..	..	..	..	..	1	..	..	..
Personality trait disturbance	5	..	1	..	2	2	..	..	..	..
Antisocial reaction	4	..	..	4	..	..	..	..	..	..
Alcoholism (addiction)	65	..	..	7	23	23	12	..	..	..
Drug addiction	2	..	..	..	..	1	1	..	..	..
TOTAL PERSONALITY DISORDERS	77	..	1	11	25	26	13	1	..	..
MENTAL DEFICIENCY	7	..	..	2	2	1	2	..	..	..
WITHOUT MENTAL DISORDER	21	..	3	6	5	4	1	1	..	1
GRAND TOTAL	225	..	7	39	65	64	37	11	1	1

TABLE 3—ALL DISCHARGES—FIRST ADMISSIONS BY AGE AT DISCHARGE AND MENTAL DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcoholism intoxication	6			4		2					
Drug or poison intoxication (except alcohol)	15			5	5	4	1				
TOTAL ACUTE BRAIN SYNDROMES	21			9	5	6	1				
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Meningoencephalitic syphilis	1					1					
Birth trauma	1			1							
Cerebral arteriosclerosis	35					4	11	13	7		
Other circulatory disturbance	6				1	1	3	1			
Convulsive disorder	3				3						
Senile brain disease	4								4		
Diseases of unknown and uncertain cause	2	1				1					
TOTAL CHRONIC BRAIN SYNDROMES	52	1		1	4	7	14	14	11		
PSYCHOTIC DISORDERS:											
Involuntal psychotic reaction	6					3	1	2			
Manic-depressive reaction	8				3	2	2		1		
Schizophrenic reactions	198		33	65	52	38	9	1			
Paranoid reactions	3			1	1	1					
TOTAL PSYCHOTIC DISORDERS	215		33	66	56	44	12	3	1		
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS											
	2				1	1					
PSYCHONEUROTIC REACTIONS											
	123		9	46	33	25	7	3			
PERSONALITY DISORDERS:											
Personality pattern disturbance	4		1	2	1						
Personality trait disturbance	11		4	3	2	2					
Antisocial reaction	3		1	2							
Dyssocial reaction	1					1					
Sexual deviation	1			1							
Alcoholism (addiction)	24			6	11	4	3				
Drug addiction	7			3	3	1					
TOTAL PERSONALITY DISORDERS	51		6	17	17	8	3				
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE											
	15	1	9	1	4						
MENTAL DEFICIENCY											
	14	1	2	4	7						
WITHOUT MENTAL DISORDER											
	8	1	1	1	3	1			1		
GRAND TOTAL	501	4	60	145	130	92	37	20	13		

TABLE 3—ALL DISCHARGES—READMISSIONS BY AGE AT DISCHARGE AND MENTAL
DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
Alcohol intoxication	3	..	..	2	1	..	..	..	..	..
Drug or poison intoxication (except alcohol)	4	..	..	..	1	1	2	..	..	..
TOTAL ACUTE BRAIN SYNDROMES	7	..	..	2	2	1	2	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Epidemic encephalitis	1	..	..	..	1	..	..	..	..	..
Cerebral arteriosclerosis	17	..	..	..	..	2	7	6	2	..
Convulsive disorder	5	..	1	2	1	..	1	..	..	..
Other disturbance of metabolism, growth, and nutrition	1	..	..	..	1	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES	24	..	1	2	3	2	8	6	2	..
PSYCHOTIC DISORDERS:										
Involutional psychotic reaction	1	..	..	..	..	..	1	..	..	..
Manic-depressive reaction	9	..	1	..	1	3	4	..	..	..
Schizophrenic reactions	102	..	1	22	43	26	9	1	..	..
TOTAL PSYCHOTIC DISORDERS	112	..	2	22	44	29	14	1	..	..
PSYCHONEUROTIC REACTIONS	36	..	..	3	6	14	11	2	..	..
PERSONALITY DISORDERS:										
Personality pattern disturbance	1	..	..	..	1	..	..	..	..	..
Personality trait disturbance	2	..	..	..	1	1	..	..	..	..
Antisocial reaction	3	..	3	..	..	..	..	..	..	..
Dyssocial reaction	1	..	..	1	..	..	..	..	..	..
Alcoholism (addiction)	12	..	..	1	5	4	2	..	..	..
Drug addiction	3	..	..	..	3	..	..	..	..	..
TOTAL PERSONALITY DISORDERS	22	..	3	2	10	5	2	..	..	..
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	2	1	..	..	1	..	..	..	..	..
MENTAL DEFICIENCY	4	..	1	2	..	1	..	..	..	..
WITHOUT MENTAL DISORDER	1	..	..	1	..	..	..	..	..	..
GRAND TOTAL	208	1	7	34	66	52	37	9	2	..

TABLE 3—ALL DISCHARGES—FIRST ADMISSIONS BY AGE AT DISCHARGE AND MENTAL DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication.....	58	..	5	21	21	3	7	1	..	..	..
All other conditions.....	1	..	..	..	1	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	59	..	5	21	22	3	7	1	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Meningoencephalitic syphilis.....	3	..	..	..	1	2	..	..	..	..	..
Alcohol intoxication.....	9	..	1	1	4	4	..	..	..	..	..
Birth trauma.....	2	..	1	..	1	..	..	..	..	..	..
Other trauma.....	2	..	1	..	..	..	1	..	..	..	..
Cerebral arteriosclerosis.....	24	..	..	..	..	9	6	3	5	1	..
Convulsive disorder.....	5	..	2	1	1	1	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	45	..	4	2	7	16	7	3	5	1	..
PSYCHOTIC DISORDERS:											
Manic-depressive reaction.....	5	..	..	3	..	1	1	..	..	..	..
Psychotic depressive reaction.....	1	..	..	..	..	1	..	..	..	..	..
Schizophrenic reactions.....	93	1	31	31	27	3	..	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	99	1	31	34	27	5	1	..	..	..	..
PSYCHONEUROTIC REACTIONS.....	1	..	..	..	1	..	..	..	..	..	..
PERSONALITY DISORDERS:											
Personality pattern disturbance.....	1	..	..	1	..	..	..	..	..	..	..
Antisocial reaction.....	2	..	1	1	..	..	..	..	..	..	..
Alcoholism (addiction).....	1	..	1	..	..	..	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	4	..	2	2	..	..	..	..	..	..	..
MENTAL DEFICIENCY.....	14	..	8	4	2	..	..	..	..	..	..
WITHOUT MENTAL DISORDER.....	36	6	12	7	6	4	1	..	..	..	..
GRAND TOTAL.....	258	7	62	70	65	28	16	4	5	1	..

TABLE 3—ALL DISCHARGES—READMISSIONS BY AGE AT DISCHARGE AND MENTAL
DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication.....	6	..	..	1	4	1	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	6	..	..	1	4	1	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Meningoencephalitic syphilis.....	1	..	..	..	1	..	..	..	..	..	..
Alcohol intoxication.....	3	..	..	..	2	1	..	..	..	..	..
Cerebral arteriosclerosis.....	6	..	..	..	1	..	4	1	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	10	..	..	..	2	3	4	1	..	..	..
PSYCHOTIC DISORDERS:											
Manic-depressive reaction.....	5	..	1	..	1	1	2	..	..	..	..
Schizophrenic reactions.....	24	..	4	9	5	6	..	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	29	..	5	9	6	7	2	..	..	..	..
WITHOUT MENTAL DISORDER.....	3	..	..	1	2	..	..	..	..	..	..
GRAND TOTAL.....	48	..	5	11	14	11	6	1	..	..	..

TABLE 3—ALL DISCHARGES—FIRST ADMISSIONS BY AGE AT DISCHARGE AND MENTAL DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
Alcohol intoxication.....	3	..	1	2	..	..	..	..	..	..
All other conditions.....	1	..	..	1	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	4	..	1	2	1	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Meningoencephalitic syphilis.....	1	..	..	..	..	..	..	1	..	..
Alcohol intoxication.....	5	..	..	3	2	..	..	..	..	..
Cerebral arteriosclerosis.....	24	..	..	..	..	6	9	9	..	..
Other circulatory disturbance.....	3	..	..	1	1	..	2	..	..	..
Convulsive disorder.....	2	..	7	1	..	1	..	..	..	..
Senile brain disease.....	2	..	..	..	..	..	..	1	1	..
TOTAL CHRONIC BRAIN SYNDROMES.....	44	..	7	4	3	7	11	11	1	..
PSYCHOTIC DISORDERS:										
Manic-depressive reaction.....	53	..	6	15	20	10	2	..	..	..
Schizophrenic reactions.....	82	1	16	30	26	8	1	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	135	1	22	45	46	18	3	..	..	..
PSYCHONEUROTIC REACTIONS.....	3	..	..	2	1	..	..	..	..	..
PERSONALITY DISORDERS:										
Personality trait disturbance.....	1	..	..	1	..	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	1	..	..	1	..	..	..	..	..	..
MENTAL DEFICIENCY.....	8	..	3	2	2	1	..	..	..	..
WITHOUT MENTAL DISORDER.....	15	5	3	3	2	2	..	..	..	..
GRAND TOTAL.....	210	6	36	59	55	28	14	11	1	..

TABLE 3—ALL DISCHARGES—READMISSIONS BY AGE AT DISCHARGE AND MENTAL
DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication.....	3	..	1	2	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	3	..	1	2	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Meningoencephalitic syphilis.....	1	..	..	..	..	1	..	..	..	..	..
Alcohol intoxication.....	2	..	..	..	1	1	..	..	..	..	..
Cerebral arteriosclerosis.....	6	..	..	..	..	4	1	2	..	..	..
Other circulatory disturbance.....	2	..	..	..	..	1	1	..	..	..	..
Convulsive disorder.....	1	..	1	..	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	12	..	1	..	1	3	5	2	..	..	..
PSYCHOTIC DISORDERS:											
Manic-depressive reaction.....	29	..	..	4	14	8	3	..	..	..	..
Schizophrenic reactions.....	23	..	2	9	8	3	1	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	52	..	2	13	22	11	4	..	..	..	..
MENTAL DEFICIENCY.....	5	..	..	1	3	..	1	..	..	..	..
WITHOUT MENTAL DISORDER.....	1	..	1	..	..	..	..	..	..	..	..
GRAND TOTAL.....	73	..	5	16	26	14	10	2	..	..	..

TABLE 4—ALL DISCHARGES—FIRST ADMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—WHITE MALE
Report for Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
Alcohol intoxication	31	29	..	1	1	..	..	..	..	..	..	..	..	..
Drug or poison intoxication.....	6	6	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES	37	35	..	1	1	..	..	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis.....	1	..	..	..	..	..	1	..	..	..	..	..	..	..
Other CNS syphilis	2	..	..	2	..	..	..	..	..	..	..	..	..	..
Epidemic encephalitis.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..
Alcohol intoxication	1	..	..	..	..	..	1	..	..	..	..	..	..	..
Birth trauma	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Other trauma.....	3	2	..	1	..	..	..	..	..	..	..	..	..	..
Cerebral arteriosclerosis	40	25	7	6	..	2	..	..	..	..	..	..	..	..
Other circulatory disturbance.....	4	2	2	..	..	..	..	..	..	..	..	..	..	..
Convulsive disorder.....	6	5	..	..	1	..	..	..	..	..	..	..	..	..
Senile brain disease.....	2	1	1	..	..	..	..	..	..	..	..	..	..	..
Diseases of unknown and uncertain cause.....	2	1	1	..	..	..	..	..	..	..	..	..	..	..
Chronic brain syndrome of unknown cause.....	2	1	1	..	..	..	..	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	65	38	12	10	1	2	2	..	..	..	..	..	..	..
PSYCHOTIC DISORDERS:														
Involuntary psychotic reaction	6	4	2	..	..	..	..	..	..	..	..	..	..	..
Manic-depressive reaction.....	12	7	2	1	..	1	..	..	..	1	..	..	..	..
Schizophrenic reactions.....	116	38	36	15	6	8	4	3	6	..	..	..	..	..
Paranoid reactions.....	4	1	1	1	..	1	..	..	..	..	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	138	50	41	17	6	10	4	3	6	1	..	..	..	..
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS	1	..	..	..	1	..	..	..	..	..	..	..	..	..
PSYCHONEUROTIC REACTIONS.....	56	44	4	7	..	..	..	1	..	..	..	..	..	..

PERSONALITY DISORDERS:

Personality pattern disturbance.....	6	6	..	..	..	..	..	..	..	..	..	..	..	..
Personality trait disturbance.....	13	13	..	..	..	..	..	..	..	..	..	..	..	..
Antisocial reaction.....	21	20	..	1	..	..	..	..	..	..	..	..	..	..
Sexual deviation.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholism (addiction).....	118	116	1	1	..	..	..	..	..	..	..	..	..	..
Drug addiction.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	161	157	2	2	..	..	..	..	..	..	..	..	..	..
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	3	3	..	..	..	..	..	..	..	..	..	..	..	..
MENTAL DEFICIENCY.....	13	6	..	..	..	..	1	6	..	..	..	..	..	..
WITHOUT MENTAL DISORDER.....	90	88	2	..	..	..	..	..	..	..	..	..	..	..
GRAND TOTAL.....	564	421	61	37	9	12	6	5	12	1	..	..	..	..

TABLE 4—ALL DISCHARGES—READMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—WHITE MALE
Report for Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
Alcohol intoxication	14	11	3	..	..	..	..	..	..	..	..	..	..	..
Drug or poison intoxication (except alcohol).....	3	1	..	2	..	..	..	..	..	..	..	..	..	..
All other conditions.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	18	12	4	2	..	..	..	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis.....	2	..	..	..	1	..	..	..	1	..	..	..	..	..
Cerebral arteriosclerosis.....	9	2	1	3	..	3	..	..	..	..	..	..	..	..
Convulsive disorder.....	2	..	1	..	..	1	..	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	13	2	2	3	1	4	..	..	1	..	..	..	..	..
PSYCHOTIC DISORDERS:														
Manic-depressive reaction.....	24	..	6	8	4	4	..	1	1	..	..	..	..	..
Schizophrenic reactions.....	51	1	7	23	6	5	5	1	2	1	..	..	..	..
Paranoid reactions.....	1	..	..	..	..	1	..	..	..	..	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	76	1	13	31	10	10	5	2	3	1	..	..	..	..
PSYCHONEUROTIC REACTIONS.....	13	3	5	3	..	1	..	..	1	..	..	..	..	..
PERSONALITY DISORDERS:														
Personality pattern disturbance.....	1	..	..	..	..	1	..	..	..	..	..	..	..	..
Personality trait disturbance.....	5	3	..	2	..	..	..	..	..	..	..	..	..	..
Antisocial reaction.....	4	4	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholism (addiction).....	65	34	20	7	2	1	1	..	..	..	..	..	..	..
Drug addiction.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	77	43	20	9	2	2	1	..	..	..	..	..	..	..

MENTAL DEFICIENCY.....	7	3	1	..	1	..	1	..	1	..	..	..	..
WITHOUT MENTAL DISORDER.....	21	12	8	..	..	1	..	..	..	..	..	..	..
GRAND TOTAL.....	225	76	53	48	14	18	6	3	5	2	..	..	..

TABLE 4—ALL DISCHARGES—FIRST ADMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—WHITE FEMALE
Report for Year Ending June 30, 1960

MENTAL DISORDERS	NET LENGTH OF TIME IN HOSPITAL														
	Total	Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over	
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:															
Alcohol intoxication.....	6	6	..	..	..	..	..	..	..	..	..	..	..	..
Drug or poison intoxication (except alcohol).....	15	15	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	21	21	..	..	..	..	..	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:															
Meningoencephalitic syphilis.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..
Birth trauma.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral arteriosclerosis.....	35	24	4	3	3	1	..	..	..	..	..	..	..	..
Other circulatory disturbance.....	6	3	2	..	..	1	..	..	..	..	..	..	..	..
Convulsive disorder.....	3	2	1	..	..	..	..	..	..	..	..	..	..	..
Senile brain disease.....	4	3	..	1	..	..	..	..	..	..	..	..	..	..
Diseases of unknown and uncertain cause.....	2	1	1	..	..	..	..	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	52	34	8	5	3	2	..	..	..	..	..	..	..	..
PSYCHOTIC DISORDERS:															
Involuntional psychotic reaction.....	6	3	1	..	..	..	..	1	..	1	..	..	..	..
Manic-depressive reaction.....	8	5	1	..	..	..	..	..	..	1	1	1	..	..
Schizophrenic reactions.....	198	103	43	23	6	8	1	2	9	1	..	1	1	..	
Paranoid reactions.....	3	2	1	..	..	..	..	..	..	..	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	215	113	46	23	6	8	1	3	9	2	1	2	1	..	
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..
PSYCHONEUROTIC REACTIONS.....	123	110	7	4	..	1	1	..	..	..	..	..	..	..
PERSONALITY DISORDERS:															
Personality pattern disturbance.....	4	4	..	..	..	..	..	..	..	..	..	..	..	..
Personality trait disturbance.....	11	11	..	..	..	..	..	..	..	..	..	..	..	..

Antisocial reaction.....	3	3	..	..	..	..	..	..	..	..	..	..	..
Dyssocial reaction.....	1	1	..	..	..	..	..	..	..	..	..	..	..
Sexual deviation.....	1	1	..	..	..	..	..	..	..	..	..	..	..
Alcoholism (addiction).....	24	24	..	..	..	..	..	..	..	..	..	..	..
Drug addiction.....	7	7	..	..	..	..	..	..	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	51	51	..	..	..	..	..	..	..	..	..	..	..
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	15	15	..	..	..	..	..	..	..	..	..	..	..
MENTAL DEFICIENCY.....	14	9	2	2	1	..	..	..	..	..	..	..	..
WITHOUT MENTAL DISORDER.....	8	7	1	..	..	..	..	..	..	..	..	..	..
GRAND TOTAL.....	501	362	64	34	10	11	2	3	9	2	1	2	1

TABLE 4—ALL DISCHARGES—READMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—WHITE FEMALE
Report for Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
Alcohol intoxication.....	3		3											
Drug or poison intoxication (except alcohol).....	4	2	1	1										
TOTAL ACUTE BRAIN SYNDROMES.....	7	2	4	1										
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Epidemic encephalitis.....	1					1								
Cerebral arteriosclerosis.....	17	3	9	2	1	1		1						
Convulsive disorder.....	5		2			1	1		1					
Other disturbance of metabolism, growth, and nutrition.....	1			1										
TOTAL CHRONIC BRAIN SYNDROMES.....	24	3	11	3	1	3	1	1	1					
PSYCHOTIC DISORDERS:														
Involutional psychotic reaction.....	1		1											
Manic-depressive reaction.....	9	1	1	2	3	1		1						
Schizophrenic reactions.....	102	4	22	25	16	12	7	4	9	3				
TOTAL PSYCHOTIC DISORDERS.....	112	5	24	27	19	13	7	5	9	3				
PSYCHONEUROTIC REACTIONS.....	36	3	15	10	2	2	1		3					
PERSONALITY DISORDERS:														
Personality pattern disturbance.....	1		1											
Personality trait disturbance.....	2	1	1											
Antisocial reaction.....	3	1				2								
Dyssocial reaction.....	1				1									
Alcoholism (addiction).....	12	7	5											
Drug addiction.....	3	1	1	1										
TOTAL PERSONALITY DISORDERS.....	22	10	8	1	3									

TABLE 4—ALL DISCHARGES—FIRST ADMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—COLORED MALE
Report for Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
Alcohol intoxication.....	58	54	2	..	1	1	..	..	..	..	..	..	..	..
All other conditions.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	59	54	3	..	1	1	..	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis.....	3	..	..	..	2	1	..	..	..	..	..	..	..	..
Alcohol intoxication.....	9	2	2	5	..	..	..	..	1	..	..	..	..	..
Birth trauma.....	2	1	..	..	..	..	..	..	..	..	..	..	..	..
Other trauma.....	2	..	2	..	..	..	..	..	..	..	..	..	..	..
Cerebral arteriosclerosis.....	24	9	6	5	2	2	..	..	..	..	..	..	..	..
Convulsive disorder.....	5	..	1	1	..	..	..	2	..	..	..	1	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	45	12	11	11	4	3	..	2	1	..	..	1	..	..
PSYCHOTIC DISORDERS:														
Manic-depressive reaction.....	5	4	..	1	..	..	..	..	..	..	..	..	..	..
Psychotic depressive reaction.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Schizophrenic reactions.....	93	10	22	27	10	10	5	3	4	2	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	99	14	23	28	10	10	5	3	4	2	..	..	..	..
PSYCHONEUROTIC REACTIONS.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..
PERSONALITY DISORDERS:														
Personality pattern disturbance.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Antisocial reaction.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholism (addiction).....	1	1	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	4	4	..	..	..	..	..	..	..	..	..	..	..	..
MENTAL DEFICIENCY.....	14	8	..	3	1	..	..	..	2	..	..	..	..	..
WITHOUT MENTAL DISORDER.....	36	35	1	..	..	..	..	..	..	..	..	..	..	..
GRAND TOTAL.....	258	128	38	42	16	14	5	5	7	2	..	1	..	..

TABLE 4—ALL DISCHARGES—READMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—COLORED MALE
Report for Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL											
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years 30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:													
Alcohol intoxication.....	6	2	4	..	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	6	2	4	..	..	..	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:													
Meningoencephalitic syphilis.....	1	..	1	..	..	..	..	..	..	..	..	..	..
Alcohol intoxication.....	3	..	..	2	..	..	1	..	..	..	..	..	..
Cerebral arteriosclerosis.....	6	..	1	1	2	..	1	..	1	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	10	..	2	3	2	..	2	..	1	..	..	..	..
PSYCHOTIC DISORDERS:													
Manic-depressive reaction.....	5	..	1	1	..	1	..	2	..	..	..	..	..
Schizophrenic reactions.....	24	..	1	6	4	4	6	2	1	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	29	..	2	7	4	5	6	4	1	..	..	..	..
WITHOUT MENTAL DISORDER.....	3	1	2	..	..	..	..	..	..	..	..	..	..
GRAND TOTAL.....	48	3	10	10	6	5	8	4	2	..	..	..	..

TABLE 4—ALL DISCHARGES—FIRST ADMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—COLORED FEMALE
Report for Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
Alcohol intoxication.....	3	2	1	..	..	..	..	..	..	..	..	..	..	..
All other conditions.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	4	2	2	..	..	..	..	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Alcohol intoxication.....	5	3	2	..	..	..	..	..	..	..	..	..	..	..
Cerebral arteriosclerosis.....	24	6	5	6	2	2	..	2	1	..	..	..	..	..
Other circulatory disturbance.....	3	1	1	1	..	..	..	..	..	..	..	..	..	..
Convulsive disorder.....	9	1	3	2	2	1	..	..	..	..	..	..	..	..
Senile brain disease.....	2	..	2	..	..	..	..	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	44	11	14	9	4	3	..	2	1	..	..	..	..	..
PSYCHOTIC DISORDERS:														
Manic-depressive reaction.....	53	17	20	9	2	2	..	2	..	1	..	..	..	..
Schizophrenic reactions.....	82	7	26	17	9	6	4	2	6	3	1	..	..	1
TOTAL PSYCHOTIC DISORDERS.....	135	24	46	26	11	8	4	4	6	4	1	..	..	1
PSYCHONEUROTIC REACTIONS.....	3	2	1	..	..	..	..	..	..	..	..	..	..	..
PERSONALITY DISORDERS:														
Personality trait disturbance.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..
MENTAL DEFICIENCY.....	8	1	3	2	1	..	..	..	1	..	..	..	..	..
WITHOUT MENTAL DISORDER.....	15	13	2	..	..	..	..	..	..	..	..	..	..	..
GRAND TOTAL.....	210	54	68	37	16	11	4	6	8	4	1	..	..	1

TABLE 4—ALL DISCHARGES—READMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—COLORED FEMALE
Report for Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL											
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years 30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:													
Alcohol intoxication.....	2	..	1	1	1	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	2	..	1	1	1	..	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:													
Meningoencephalitic syphilis.....	1	..	1	..	1	..	..	..	..	..	..	..	..
Alcohol intoxication.....	2	..	1	1	2	1	..	..	..	..	..	..	..
Cerebral arteriosclerosis.....	2	..	1	2	..	..	..	..	..	..	..	..	..
Other circulatory disturbance.....	2	..	1	2	..	..	..	..	..	..	..	..	..
Convulsive disorder.....	1	..	1	..	..	..	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	12	..	3	5	3	1	..	..	..	..	..	..	..
PSYCHOTIC DISORDERS:													
Manic-depressive reaction.....	29	..	2	9	4	4	1	2	5	2	..	..	..
Schizophrenic reactions.....	23	..	3	7	8	8	2	1	..	2	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	52	..	2	12	11	12	3	3	5	4	..	..	..
MENTAL DEFICIENCY.....	5	..	..	1	1	..	1	..	1	1	..	..	..
WITHOUT MENTAL DISORDER.....	1	..	1	..	..	..	..	..	..	..	..	..	..
GRAND TOTAL.....	73	..	7	19	16	13	4	3	6	5	..	..	..

TABLE 5—ALL DISCHARGES BY CONDITION ON DISCHARGE AND MENTAL DISORDER—
WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Condition on Discharge					
	Total	Recovered	Improved	Unimproved	Unchanged	Unclassified
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol intoxication.....	45	..	1	..	1	43
Drug or poison intoxicants (except alcohol).....	9	..	1	..	..	8
All other conditions.....	1	..	..	..	..	1
TOTAL ACUTE BRAIN SYNDROMES.....	55	..	2	..	1	52
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Meningoencephalitic syphilis.....	3	..	1	..	..	2
Other CNS syphilis.....	2	..	1	..	..	1
Epidemic encephalitis.....	1	..	1	..	..	..
Alcohol intoxication.....	1	..	1	..	..	..
Birth trauma.....	1	..	..	..	..	1
Other trauma.....	3	..	2	..	..	1
Cerebral Arteriosclerosis.....	49	..	30	6	..	13
Other circulatory disturbance.....	4	..	4	..	..	..
Convulsive disorder.....	8	..	5	..	..	3
Senile brain disease.....	2	..	2	..	..	..
Diseases of unknown and uncertain cause.....	2	..	2	..	..	..
Chronic brain syndromes of unknown cause.....	2	..	..	..	..	2
TOTAL CHRONIC BRAIN SYNDROMES.....	78	..	49	6	..	23
PSYCHOTIC DISORDERS:						
Involuntal psychotic reaction.....	6	..	6	..	..	..
Manic-depressive reaction.....	36	..	31	1	..	4
Schizophrenic reactions.....	167	..	121	1	..	45
Paranoid reactions.....	5	..	3	1	..	1
TOTAL PSYCHOTIC DISORDERS.....	214	..	161	3	..	50
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS	1	..	1	..	..	..
PSYCHONEUROTIC REACTIONS.....	69	..	45	..	1	23
PERSONALITY DISORDERS:						
Personality pattern disturbance.....	7	..	..	..	7	..
Personality trait disturbance.....	18	..	3	..	15	..
Antisocial reaction.....	25	..	..	..	25	..
Sexual deviation.....	2	..	..	..	2	..
Alcoholism (addiction).....	183	..	6	..	177	..
Drug addiction.....	3	..	..	..	3	..
TOTAL PERSONALITY DISORDERS.....	238	..	9	..	229	..
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	3	..	..	..	3	..
MENTAL DEFICIENCY.....	20	..	6	1	13	..
WITHOUT MENTAL DISORDER.....	111	..	..	..	111	..
GRAND TOTAL.....	789	..	273	10	358	148

TABLE 5—ALL DISCHARGES BY CONDITION ON DISCHARGE AND MENTAL DISORDER—
WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Condition on Discharge					
	Total	Recovered	Improved	Unimproved	Unchanged	Unclassified
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol intoxication.....	9	..	..	..	..	9
Drug or poison intoxication (except alcohol).....	19	..	..	..	..	19
TOTAL ACUTE BRAIN SYNDROMES.....	28	..	..	..	..	28
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Meningoencephalitic syphilis.....	1	..	1	..	..	..
Epidemic encephalitis.....	1	..	1	..	..	..
Birth trauma.....	1	..	..	..	..	1
Cerebral arteriosclerosis.....	52	..	47	1	..	4
Other circulatory disturbance.....	6	..	6	..	..	..
Convulsive disorder.....	8	..	7	..	..	1
Senile brain disease.....	4	..	3	1	..	..
Other disturbance of metabolism, growth, and nutrition.....	1	..	1	..	..	..
Diseases of unknown and uncertain cause.....	2	..	1	..	..	1
TOTAL CHRONIC BRAIN SYNDROMES.....	76	..	67	2	..	7
PSYCHOTIC DISORDERS:						
Involuntional psychotic reaction.....	7	..	7	..	..	..
Manic-depressive reaction.....	17	..	15	..	..	2
Schizophrenic reactions.....	300	..	289	2	..	18
Paranoid reactions.....	3	..	2	..	..	1
TOTAL PSYCHOTIC DISORDERS.....	327	..	304	2	..	21
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS.....	2	..	..	..	..	2
PSYCHONEUROTIC REACTIONS.....	159	..	111	..	..	48
PERSONALITY DISORDERS:						
Personality pattern disturbance.....	5	..	..	..	..	5
Personality trait disturbance.....	13	..	..	..	..	13
Antisocial reaction.....	6	..	..	..	..	6
Dyssocial reaction.....	2	..	..	..	..	2
Sexual deviation.....	1	..	..	..	..	1
Alcoholism (addiction).....	36	..	..	..	..	36
Drug addiction.....	10	..	..	..	..	10
TOTAL PERSONALITY.....	73	..	..	..	..	73
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	17	..	..	..	..	17
MENTAL DEFICIENCY.....	18	..	5	..	13	..
WITHOUT MENTAL DISORDER.....	9	..	1	..	8	..
GRAND TOTAL.....	709	..	488	4	111	106

TABLE 5—ALL DISCHARGES BY CONDITION ON DISCHARGE AND MENTAL DISORDER—
COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Condition on Discharge					
	Total	Recovered	Improved	Unimproved	Unchanged	Unclassified
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol intoxication.....	64	62	1	..	1	..
All other conditions.....	1	..	..	..	..	1
TOTAL ACUTE BRAIN SYNDROMES.....	65	62	1	..	1	1
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Meningoencephalitic syphilis.....	4	..	4	..	..	..
Alcohol intoxication.....	12	..	12	..	..	..
Birth trauma.....	2	..	2	..	..	..
Other trauma.....	2	1	1	..	..	..
Cerebral arteriosclerosis.....	30	..	26	4	..	..
Convulsive disorder.....	5	..	5	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	55	1	50	4	..	..
PSYCHOTIC DISORDERS:						
Manic-depressive reaction.....	10	..	10	..	..	..
Psychotic depressive reaction.....	1	..	..	1	..	..
Schizophrenic reactions.....	117	..	91	9	2	15
TOTAL PSYCHOTIC DISORDERS.....	128	..	101	10	2	15
PSYCHONEUROTIC REACTIONS.....	1	..	1	..	..	..
PERSONALITY DISORDERS:						
Personality pattern disturbance.....	1	..	..	..	1	..
Antisocial reaction.....	2	..	..	..	2	..
Alcoholism (addiction).....	1	..	..	..	1	..
TOTAL PERSONALITY DISORDERS.....	4	..	..	..	4	..
MENTAL DEFICIENCY.....	14	..	3	2	9	..
WITHOUT MENTAL DISORDER.....	39	..	..	..	39	..
GRAND TOTAL.....	306	63	156	16	55	16

TABLE 5—ALL DISCHARGES BY CONDITION ON DISCHARGE AND MENTAL DISORDER—
COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Condition on Discharge					
	Total	Recovered	Improved	Unimproved	Unchanged	Unclassified
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol intoxication.....	6	3	..	..	..	3
All other conditions.....	1	..	..	1	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	7	3	..	1	..	3
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Meningoencephalitic syphilis.....	2	..	2	..	..	..
Alcohol intoxication.....	7	..	7	..	..	..
Cerebral arteriosclerosis.....	30	..	28	1	..	1
Other circulatory disturbance.....	5	..	5	..	..	..
Convulsive disorder.....	10	..	10	..	..	..
Senile brain disease.....	2	..	2	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	56	..	54	1	..	1
PSYCHOTIC DISORDERS:						
Manic-depressive reaction.....	82	..	80	..	..	2
Schizophrenic reactions.....	105	..	98	..	1	6
TOTAL PSYCHOTIC DISORDERS.....	187	..	178	..	1	8
PSYCHONEUROTIC REACTIONS.....	3	..	2	..	..	1
PERSONALITY DISORDERS:						
Personality trait disturbance.....	1	..	..	..	1	..
TOTAL PERSONALITY DISORDERS.....	1	..	..	..	1	..
MENTAL DEFICIENCY.....	13	..	13	..	..	..
WITHOUT MENTAL DISORDER.....	16	..	..	..	16	..
GRAND TOTAL.....	283	3	247	2	18	13

TABLE 6—ALL DEATHS—FIRST ADMISSIONS BY AGE AT DEATH AND MENTAL DISORDER—
WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication.....	2	..	..	..	1	..	1	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	2	..	..	..	1	..	1	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Meningoencephalitic syphilis.....	3	..	..	..	..	..	1	..	2	..	..
Other trauma.....	1	..	..	..	..	..	1	..	..	..	..
Cerebral arteriosclerosis.....	110	..	..	..	..	1	7	37	54	11	..
Other circulatory disturbance.....	1	..	..	..	1	..	..	..	..	..	..
Convulsive disorder.....	5	..	..	1	1	1	..	1	..	1	..
Senile brain disease.....	4	..	..	..	..	..	..	1	3	..	..
Other disturbance of metabolism, growth, and nutrition.....	2	..	..	..	..	..	1	..	1	..	..
Intracranial neoplasm.....	1	..	..	..	..	..	1	..	..	..	..
Diseases of unknown and uncertain cause.....	3	..	..	..	..	2	1	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	130	..	..	1	1	5	12	39	60	12	..
PSYCHOTIC DISORDERS:											
Involuntary psychotic reaction.....	1	..	..	..	..	1	..	..	..	..	..
Manic-depressive reaction.....	4	..	..	..	..	..	2	1	1	..	..
Schizophrenic reactions.....	10	..	..	..	..	..	5	2	2	1	..
Paranoid reactions.....	3	..	..	..	..	..	1	1	..	1	..
TOTAL PSYCHOTIC DISORDERS.....	18	..	..	..	..	1	7	4	4	1	1
PSYCHONEUROTIC REACTIONS.....	1	..	..	..	..	1	..	..	..	..	..
PERSONALITY DISORDERS:											
Alcoholism (addiction).....	1	..	..	..	..	1	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	1	..	..	..	..	1	..	..	..	..	..
MENTAL DEFICIENCY.....	5	..	1	..	..	1	1	1	1	..	..
GRAND TOTAL.....	157	..	1	1	2	9	21	44	65	13	1

TABLE 6—ALL DEATHS—READMISSIONS BY AGE AT DEATH AND MENTAL DISORDER—
WHITE MALE

Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Other trauma	1	..	..	..	..	1	..	..	..	..
Cerebral arteriosclerosis	11	..	..	..	..	..	1	4	3	..
Senile brain disease	1	..	..	..	..	..	..	1	..	..
Diseases of unknown and uncertain cause	1	..	..	..	..	..	1	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES	14	..	..	..	..	1	2	4	4	3
PSYCHOTIC DISORDERS:										
Manic-depressive reaction	5	..	..	..	1	2	1	1	..	..
Schizophrenic reactions	8	..	..	..	1	1	1	4	1	..
TOTAL PSYCHOTIC DISORDERS	13	..	..	..	1	2	3	5	2	..
PERSONALITY DISORDERS:										
Alcoholism (addiction)	1	..	..	..	1	..	..	..	..	..
TOTAL PERSONALITY DISORDERS	1	..	..	..	1	..	..	..	..	..
MENTAL DEFICIENCY	1	..	..	..	..	..	1	..	..	..
WITHOUT MENTAL DISORDER	1	..	..	..	..	1	..	..	..	..
GRAND TOTAL	30	..	..	..	2	4	6	9	6	3

TABLE 6—ALL DEATHS—FIRST ADMISSIONS BY AGE AT DEATH AND MENTAL DISORDER—
WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Epidemic encephalitis	1					1				
Other intracranial infections	1				1					
Cerebral arteriosclerosis	61					1	4	31	17	8
Other circulatory disturbance	3					1		1		
Senile brain disease	37							5	16	16
Other disturbance of metabolism, growth, and nutrition	3					2		1		
Diseases of unknown and uncertain cause	1						1			
Chronic brain syndrome of unknown cause	1					1				
TOTAL CHRONIC BRAIN SYNDROMES	108				1	6	5	38	33	25
PSYCHOTIC DISORDERS:										
Involuntary psychotic reaction	5							1	3	1
Schizophrenic reactions	16			1	1	1	6	3	2	2
Paranoid reactions	3								2	1
Other	1							1		
TOTAL PSYCHOTIC DISORDERS	25			1	1	1	6	5	7	4
PSYCHONEUROTIC REACTIONS	2						1	1		
MENTAL DEFICIENCY	2							1	1	
WITHOUT MENTAL DISORDER	8						1		5	2
GRAND TOTAL	145			1	2	7	13	45	46	31

TABLE 6—ALL DEATHS—READMISSIONS BY AGE AT DEATH AND MENTAL DISORDER—
WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Cerebral arteriosclerosis	9						2	2	4	1
Senile brain disease	4								4	
Other disturbance of metabolism, growth, and nutrition	1						1			
Diseases of unknown and uncertain cause	1				1					
TOTAL CHRONIC BRAIN SYNDROMES	15				1		3	2	8	1
PSYCHOTIC DISORDERS:										
Manic-depressive reaction	1							1		
Schizophrenic reactions	7				1	2		1	3	
TOTAL PSYCHOTIC DISORDERS	8				1	2		2	3	
PSYCHONEUROTIC REACTIONS	1								1	
MENTAL DEFICIENCY	1						1			
GRAND TOTAL	25				2	2	4	4	12	1

TABLE 6—ALL DEATHS—FIRST ADMISSIONS BY AGE AT DEATH AND MENTAL DISORDER—
COLORED MALE

Year Ending June 30, 1960

MENTAL DISORDERS	AGE (in years)									
	Total	Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Diseases and conditions due to prenatal (constitu-										
tional) influence.....	1				1					
Meningoencephalitic syphilis.....	15				2	5	7			
Cerebral arteriosclerosis.....	70					4	21	26	16	3
Other circulatory disturbance.....	1					1			1	
Convulsive disorder.....	5			1	3					
Senile brain disease.....	5								2	3
TOTAL CHRONIC BRAIN SYNDROMES.....	97			1	6	10	28	27	19	6
PSYCHOTIC DISORDERS:										
Schizophrenic reactions.....	16			4	4	3	1	2	2	
TOTAL PSYCHOTIC DISORDERS.....	16			4	4	3	1	2	2	
MENTAL DEFICIENCY.....	7		1	2	2			2		
WITHOUT MENTAL DISORDER.....	1					1				
GRAND TOTAL.....	121		1	7	12	14	29	31	21	6

TABLE 6—ALL DEATHS—READMISSIONS BY AGE AT DEATH AND MENTAL DISORDER—
COLORED MALE

Year Ending June 30, 1960

MENTAL DISORDERS	AGE (in years)									
	Total	Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Meningoencephalitic syphilis.....	1							1		
Cerebral arteriosclerosis.....	2							2		
Other circulatory disturbance.....	1								1	
Convulsive disorder.....	1			1						
TOTAL CHRONIC BRAIN SYNDROMES.....	5			1				3	1	
PSYCHOTIC DISORDERS:										
Manic-depressive reaction.....	4					1			3	
Schizophrenic reactions.....	3					1	2			
TOTAL PSYCHOTIC DISORDERS.....	7					1	3		3	
GRAND TOTAL.....	12			1		1	3	3	4	

TABLE 6—ALL DEATHS—FIRST ADMISSIONS BY AGE AT DEATH AND MENTAL DISORDER—
COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	AGE (in years)									
	Total	Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
All other conditions	2	..	..	1	..	..	..	1	..	..
TOTAL ACUTE BRAIN SYNDROMES	2	..	..	1	..	..	..	1	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Diseases and conditions due to prenatal (constitu- tional) influence	1	..	..	..	1	..	..	..	..	..
Cerebral arteriosclerosis	13	..	..	..	..	1	4	4	4	..
Other circulatory disturbance	2	..	..	..	..	1	..	..	..	1
Convulsive disorder	5	..	..	2	1	1	..	1	..	..
Senile brain disease	24	..	..	..	..	..	2	3	15	4
TOTAL CHRONIC BRAIN SYNDROMES	45	..	..	2	2	3	6	8	19	5
PSYCHOTIC DISORDERS:										
Manic-depressive reaction	4	..	..	..	..	2	1	..	..	1
Schizophrenic reactions	5	..	..	1	..	2	..	2	..	..
Paranoid reactions	1	..	..	..	..	..	1	..	..	..
TOTAL PSYCHOTIC DISORDERS	10	..	..	1	..	4	2	2	..	1
MENTAL DEFICIENCY	3	..	..	1	..	..	1	1	..	..
GRAND TOTAL	60	..	..	5	2	7	9	12	19	6

TABLE 6—ALL DEATHS—READMISSIONS BY AGE AT DEATH AND MENTAL DISORDER—
COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Cerebral arteriosclerosis	3	..	..	..	..	..	2	..	1	..
Other circulatory disturbance	1	..	..	..	..	1	..	..	..	..
Convulsive disorder	2	..	..	..	..	..	2	..	..	..
Senile brain disease	1	..	..	..	..	..	..	1	..	..
TOTAL CHRONIC BRAIN SYNDROMES	7	..	..	..	..	1	4	..	2	..
PSYCHOTIC DISORDERS:										
Manic-depressive reaction	2	..	..	..	..	..	1	1	..	..
Schizophrenic reactions	3	..	..	..	1	1	1	..	..	..
TOTAL PSYCHOTIC DISORDERS	5	..	..	..	1	1	1	1	1	..
GRAND TOTAL	12	..	..	..	1	2	5	1	3	..

TABLE 7—ALL DEATHS—FIRST ADMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL FOR THIS ADMISSION												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
Alcohol intoxication.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis.....	3	..	..	..	..	..	..	1	..	..	..	3	..	..
Other trauma.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral arteriosclerosis.....	110	35	18	19	9	8	6	4	8	3	..	..	..	..
Other circulatory disturbance.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Convulsive disorder.....	5	..	..	..	1	..	..	..	1	1	..	1	1	..
Senile brain disease.....	4	..	..	..	3	..	..	..	..	..	..	..	..	..
Other disturbance of metabolism, growth, and nutrition.....	2	..	..	..	..	1	..	..	..	..	..	..	..	1
Intracranial neoplasm.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of unknown and uncertain cause.....	3	..	1	..	1	..	1	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	130	37	19	19	14	10	7	5	9	4	..	4	1	1
PSYCHOTIC DISORDERS:														
Involuntal psychotic reaction.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Manic-depressive reaction.....	4	..	..	..	..	..	..	..	..	..	..	1	2	1
Schizophrenic reactions.....	10	..	..	2	..	..	..	..	..	..	1	1	2	4
Paranoid reactions.....	3	..	..	..	..	..	..	..	..	1	..	2	..	..
TOTAL PSYCHOTIC DISORDERS.....	18	..	1	2	..	..	..	..	..	1	1	4	4	5
PSYCHONEUROTIC REACTIONS.....	1	..	..	..	1	..	..	..	..	..	..	..	..	..
PERSONALITY DISORDERS:														
Alcoholism (addiction).....	1	1	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..
MENTAL DEFICIENCY.....	5	1	..	1	..	..	..	..	..	1	..	1	..	1
GRAND TOTAL.....	157	41	20	22	15	10	7	5	9	6	1	9	5	7

TABLE 7—ALL DEATHS—READMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL FOR THIS ADMISSION												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Other trauma.....	1													1
Cerebral arteriosclerosis.....	11	3	1	1		3		1	1	1				
Senile brain disease.....	1					1								
Diseases of unknown and uncertain cause.....	1								1					
TOTAL CHRONIC BRAIN SYNDROMES.....	14	3	1	1		4		1	2	1				1
PSYCHOTIC DISORDERS:														
Manic-depressive reaction.....	5	1				1	2		1					
Schizophrenic reactions.....	8	1	1						1	1		2		2
TOTAL PSYCHOTIC DISORDERS.....	13	2	1			1	2		2	1		2		2
PERSONALITY DISORDERS:														
Alcoholism (addiction).....	1	1												
TOTAL PERSONALITY DISORDERS.....	1	1												
MENTAL DEFICIENCY.....	1								1					
WITHOUT MENTAL DISORDER.....	1	1												
GRAND TOTAL.....	30	7	2	1		5	2	1	5	2		2		3

TABLE 7—ALL DEATHS—FIRST ADMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL FOR THIS ADMISSION												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Epidemic encephalitis	1									1				
Other intracranial infections	1	1												
Cerebral arteriosclerosis	61	12	12	7	8	10	3	2	7					
Other circulatory disturbance	3	1		1				1						
Senile brain disease	37	6	4	3	5	5	4	1	8			1		
Other disturbance of metabolism, growth, and nutrition	3		1	1			1							
Diseases of unknown and uncertain cause	1								1					
Chronic brain syndrome of unknown cause	1	1												
TOTAL CHRONIC BRAIN SYNDROMES	108	21	17	12	13	15	8	4	16	1		1		
PSYCHOTIC DISORDERS:														
Involuntary psychotic reaction	5										3	1	1	
Schizophrenic reactions	16	2				1		1	2			1	2	7
Paranoid reactions	3								1			1	1	
Other	1											1		
TOTAL PSYCHOTIC DISORDERS	25	2				1		1	3		3	4	4	7
PSYCHONEUROTIC REACTIONS	2	1								1				
MENTAL DEFICIENCY	2					1								1
WITHOUT MENTAL DISORDER	8	8												
GRAND TOTAL	145	32	17	12	13	17	8	5	19	2	3	5	4	8

TABLE 7—ALL DEATHS—READMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL FOR THIS ADMISSION												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Cerebral arteriosclerosis.....	9	2	3	1	1	1			1					
Senile brain disease.....	4	1	1				1		1					
Other disturbance of metabolism, growth, and nutrition.....	1							1		1				
Diseases of unknown and uncertain cause.....	1			1										
TOTAL CHRONIC BRAIN SYNDROMES.....	15	3	4	2	1	1	1		3					
PSYCHOTIC DISORDERS:														
Manic-depressive reaction.....	1		1											
Schizophrenic reactions.....	7		1	1					1	1			2	1
TOTAL PSYCHOTIC DISORDERS.....	8		2	1					1	1			2	1
PSYCHONEUROTIC REACTIONS.....	1								1					
MENTAL DEFICIENCY.....	1								1					
GRAND TOTAL.....	25	3	6	3	1	1	1		6	1			2	1

TABLE 7—ALL DEATHS—FIRST ADMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL FOR THIS ADMISSION												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Diseases and conditions due to prenatal (constitutional) influence.....	1	1	..	1	..	1	1	..	1	..	1	1	..	..
Meningoencephalitis syphilis.....	15	1	..	1	..	1	1	..	1	2	1	1	..	..
Cerebral arteriosclerosis.....	70	14	13	10	7	4	10	2	7	2	1	..	..	..
Other circulatory disturbance.....	1	..	..	..	1	1	..	..	..	..	2	..	1	..
Convulsive disorder.....	5	..	..	..	..	..	..	..	..	1	2	..	..	..
Senile brain disease.....	5	1	..	3	..	..	..	..	..	1	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	97	17	13	14	8	6	11	2	11	9	4	1	1	..
PSYCHOTIC DISORDERS:														
Schizophrenic reactions.....	16	..	..	..	..	1	1	2	5	1	1	..	..	5
TOTAL PSYCHOTIC DISORDERS.....	16	..	..	..	..	1	1	2	5	1	1	..	..	5
MENTAL DEFICIENCY.....	7	..	..	1	..	..	..	..	1	..	2	2	1	..
WITHOUT MENTAL DISORDER.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..
GRAND TOTAL.....	121	18	13	15	8	7	12	4	17	10	7	3	2	5

TABLE 7—ALL DEATHS—READMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL FOR THIS ADMISSION												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Cerebral arteriosclerosis.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..
Other circulatory disturbance.....	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Convulsive disorder.....	1	..	..	..	..	..	..	1	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	5	2	1	..	..	..	..	2	..	..	..	..	..	..
PSYCHOTIC DISORDERS:														
Manic-depressive reaction.....	4	..	..	..	..	..	..	..	1	..	2	..	..	1
Schizophrenic reactions.....	3	..	..	..	..	..	..	..	1	..	..	..	..	2
TOTAL PSYCHOTIC DISORDERS.....	7	..	..	..	..	..	..	..	2	..	2	..	..	3
GRAND TOTAL.....	12	2	1	..	..	..	..	2	2	..	2	..	..	3

TABLE 7—ALL DEATHS—FIRST ADMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL FOR THIS ADMISSION												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
All other conditions.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Diseases and conditions due to prenatal (constitutional) influence.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..
Cerebral arteriosclerosis.....	13	2	2	1	1	2	..	2	2	1	..	..	..	..
Other circulatory disturbance.....	2	..	1	..	..	..	..	..	..	..	..	..	..	1
Convulsive disorder.....	5	..	..	..	..	..	..	..	2	..	..	..	..	..
Senile brain disease.....	24	6	1	4	2	1	4	1	5	..	1	1	1	..
TOTAL CHRONIC BRAIN SYNDROMES.....	45	8	4	6	3	3	4	3	9	1	1	1	1	1
PSYCHOTIC DISORDERS:														
Manic-depressive reaction.....	4	..	..	..	..	..	..	..	..	..	..	2	..	2
Schizophrenic reactions.....	5	..	..	1	..	..	..	..	2	..	..	..	..	2
Paranoid reactions.....	1	..	..	..	..	..	..	..	1	..	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	10	..	..	1	..	..	..	..	3	..	..	2	..	4
MENTAL DEFICIENCY.....	3	..	..	..	..	1	..	..	..	..	1	..	..	1
GRAND TOTAL.....	60	10	4	7	3	4	4	3	12	1	2	3	1	6

TABLE 7—ALL DEATHS—READMISSIONS BY NET LENGTH OF TIME IN HOSPITAL AND MENTAL DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	NET LENGTH OF TIME IN HOSPITAL FOR THIS ADMISSION												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Cerebral arteriosclerosis	2		1			1	1							
Other circulatory disturbance	1	1												
Convulsive disorder	2	1									1			
Senile brain disease	1							1						
TOTAL CHRONIC BRAIN SYNDROMES	7	2	1			1	1	1			1			
PSYCHOTIC DISORDERS:														
Manic-depressive reaction	2											2		
Schizophrenic reactions	2			1									1	1
TOTAL PSYCHOTIC DISORDERS	5			1								2	1	1
GRAND TOTAL	12	2	1	1		1	1	1			1	2	1	1

TABLE 2—PATIENTS ON BOOKS—FIRST ADMISSIONS AT END OF YEAR BY AGE AT END OF YEAR
AND MENTAL DISORDER—WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication.....	2	..	..	1	..	..	..	1	..	..	..
All other conditions.....	..	..	..	..	1	1	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	4	..	..	1	1	1	..	1	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Diseases and conditions due to prenatal (constitu- tional) influence.....	1	..	1	..	..	..	..	..	..	..	..
Meningoencephalitic syphilis.....	52	..	..	1	5	15	19	9	3	..	..
Other CNS syphilis.....	2	..	..	..	..	..	1	1	..	..	..
Other intracranial infections.....	3	1	2	..	..	..	..	..	..	..	..
Alcohol intoxication.....	3	..	..	..	..	1	1	1	..	..	..
Drug or poison intoxication (except alcohol).....	2	..	..	..	..	..	..	1	..	..	..
Birth trauma.....	1	..	1	..	..	..	..	..	..	..	..
Other trauma.....	16	..	..	3	6	5	1	..	1	..	..
Cerebral arteriosclerosis.....	234	..	..	..	..	6	35	86	98	8	1
Other circulatory disturbance.....	13	..	..	2	..	2	6	..	2	1	..
Convulsive disorder.....	52	..	5	7	15	11	12	1	1	..	..
Senile brain disease.....	6	..	..	..	..	..	1	2	1	2	..
Other disturbance of metabolism, growth, and nutrition.....	5	..	..	..	1	..	2	..	2	..	..
Intracranial neoplasm.....	5	..	..	2	1	1	1	..	..	..	..
Diseases of unknown and uncertain cause.....	9	1	..	1	2	5	..	..	..	..	..
Chronic brain syndrome of unknown cause.....	4	..	..	..	2	2	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	408	2	9	16	32	49	79	101	108	11	1
PSYCHOTIC DISORDERS:											
Involuntary psychotic reaction.....	20	..	..	..	1	4	10	5	..	..	..
Manic-depressive reaction.....	78	..	2	1	13	28	19	13	2	..	..
Schizophrenic reactions.....	622	1	43	130	149	153	97	35	9	1	4
Paranoid reactions.....	17	..	..	..	1	4	6	5	..	..	1
Other.....	2	..	..	..	..	1	1	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	739	1	45	131	164	190	133	58	11	1	5
PSYCHONEUROTIC REACTIONS.....	62	..	6	11	19	16	8	1	1	..	..
PERSONALITY DISORDERS:											
Personality pattern disturbance.....	2	..	..	..	..	2	..	..	..	..	..
Personality trait disturbance.....	2	..	1	1	..	..	..	..	..	..	..
Antisocial reaction.....	1	..	..	..	..	..	..	1	..	..	..
Sexual deviation.....	1	..	..	1	..	..	..	..	..	..	..
Alcoholism (addiction).....	6	..	..	1	3	2	..	..	..	..	..
Drug addiction.....	1	..	..	..	..	..	..	1	..	..	..
TOTAL PERSONALITY DISORDERS.....	13	..	1	3	3	4	..	2	..	..	..
MENTAL DEFICIENCY.....	131	..	4	23	41	38	19	5	1	..	..
WITHOUT MENTAL DISORDER.....	12	..	4	3	2	3	..	..	..	..	..
GRAND TOTAL.....	1369	3	69	188	262	301	239	168	121	12	6

TABLE 8—PATIENTS ON BOOKS—READMISSIONS AT END OF YEAR BY AGE AT END OF YEAR
AND MENTAL DISORDER—WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)							
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:									
Alcohol intoxication.....	3	..	..	..	2	1	..	..	..
All other conditions.....	2	..	..	1	..	..	1	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	5	..	..	1	2	1	1	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:									
Diseases and conditions due to prenatal (constitutional) influence.....	1	..	..	..	1	..	..	..	..
Meningoencephalitic syphilis.....	20	..	..	..	1	13	5	1	..
Epidemic encephalitis.....	4	..	..	1	..	1	2	..	..
Alcohol intoxication.....	2	..	..	..	..	2	..	..	..
Birth trauma.....	1	..	..	..	..	..	..	1	..
Other trauma.....	5	..	..	1	..	2	1	1	..
Cerebral arteriosclerosis.....	47	..	..	..	..	2	14	17	14
Other circulatory disturbance.....	5	..	..	..	1	1	2	1	..
Convulsive disorder.....	43	..	..	5	11	17	9	1	..
Senile brain disease.....	2	..	..	..	..	..	..	1	1
Intracranial neoplasm.....	1	..	..	..	..	1	..	..	..
Diseases of unknown and uncertain cause.....	1	..	..	..	..	1	..	..	..
Chronic brain syndrome of unknown cause.....	2	..	..	..	..	2	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	134	..	..	7	14	42	33	23	15
PSYCHOTIC DISORDERS:									
Involuntional psychotic reaction.....	2	..	..	..	..	..	1	..	1
Manic-depressive reaction.....	77	..	..	1	4	24	23	18	5
Psychotic depressive reaction.....	1	..	..	..	..	1	..	..	..
Schizophrenic reactions.....	319	..	..	8	59	77	104	49	14
Paranoid reactions.....	2	..	..	..	..	..	1	..	1
TOTAL PSYCHOTIC DISORDERS.....	401	..	..	9	63	102	129	67	21
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS.....	1	..	..	..	..	..	1	..	..
PSYCHONEUROTIC REACTIONS.....	16	..	..	3	3	5	3	2	..
PERSONALITY DISORDERS:									
Personality trait disturbance.....	1	..	..	1	..	..	..	..	..
Antisocial reaction.....	2	..	..	..	1	..	..	1	..
Alcoholism (addiction).....	5	..	..	1	2	2	..	..	..
TOTAL PERSONALITY DISORDERS.....	8	..	..	2	3	2	..	1	..
MENTAL DEFICIENCY.....	35	..	1	8	10	6	6	3	1
WITHOUT MENTAL DISORDER.....	2	..	..	1	..	..	..	..	..
GRAND TOTAL.....	602	..	1	31	95	158	173	96	37

TABLE 2—PATIENTS ON BOOKS—FIRST ADMISSIONS AT END OF YEAR BY AGE AT END OF YEAR
AND MENTAL DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Drug or poison intoxication (except alcohol).....	1	..	1	..	..	1	..	..	..	..	..
All other conditions.....	1	..	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	2	..	1	..	..	1	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Meningoencephalitic syphilis.....	18	..	..	..	1	8	6	3	..	..	..
Epidemic encephalitis.....	1	..	..	..	1	..	..	..	..	..	..
Alcohol intoxication.....	2	..	..	..	2	..	..	..	..	..	..
Drug or poison intoxication (except alcohol).....	2	..	..	..	2	..	..	..	..	..	..
Birth trauma.....	3	..	..	1	..	1	..	..	..	..	..
Other trauma.....	3	..	..	..	1	..	1	..	..	..	..
Cerebral arteriosclerosis.....	261	..	1	1	7	40	103	88	21	..	..
Other circulatory disturbance.....	11	..	2	1	3	2	..	1	..	..	..
Convulsive disorder.....	47	..	5	6	8	10	11	5	1	..	1
Senile brain disease.....	74	..	..	..	1	..	..	9	40	22	2
Other disturbance of metabolism, growth, and nutrition.....	10	..	..	..	..	1	4	5	..	..	..
Intracranial neoplasm.....	2	..	..	..	2	..	..	..	..	..	..
Diseases of unknown and uncertain cause.....	5	..	2	..	1	2	..	..	..	..	..
Chronic brain syndrome of unknown cause.....	6	..	..	1	2	2	1	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	444	..	5	13	20	35	67	128	130	43	3
PSYCHOTIC DISORDERS:											
Involuntal psychotic reaction.....	15	..	..	..	..	4	1	7	3	..	..
Manic-depressive reaction.....	31	..	..	1	7	3	14	3	3	..	..
Schizophrenic reactions.....	804	..	44	100	197	184	152	86	27	4	10
Paranoid reactions.....	29	..	..	..	..	3	9	14	2	..	1
TOTAL PSYCHOTIC DISORDERS.....	879	..	44	101	204	194	176	110	35	4	11
PSYCHONEUROTIC REACTIONS.....	164	..	9	40	44	45	19	4	1	1	1
PERSONALITY DISORDERS:											
Personality trait disturbance.....	5	..	1	1	2	1	..	..	..	..	..
Antisocial reaction.....	1	..	..	..	..	..	1	..	..	..	..
Alcoholism (addiction).....	4	..	..	2	1	1	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	10	..	1	3	3	2	1	..	..	..	..
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	1	1	..	..	..	..	..	..	..	..	..
MENTAL DEFICIENCY.....	85	..	4	8	20	19	18	9	6	..	1
WITHOUT MENTAL DISORDER.....	5	..	1	1	..	1	1	1	..	..	..
GRAND TOTAL.....	1590	1	65	166	291	297	282	252	172	48	16

TABLE 8—PATIENTS ON BOOKS—READMISSIONS AT END OF YEAR BY AGE AT END OF YEAR
AND MENTAL DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
Drug or poison intoxication (except alcohol).....	2	..	..	1	..	1	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	2	..	..	1	..	1	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Meningoencephalitic syphilis.....	5	..	..	..	1	3	1	..	..	..
Epidemic encephalitis.....	2	..	..	1	..	1	..	..	..	..
Alcohol intoxication.....	2	..	..	..	..	..	2	..	..	..
Drug or poison intoxication (except alcohol).....	1	..	..	..	..	..	1	..	..	..
Cerebral arteriosclerosis.....	92	..	..	..	..	18	43	30	1	..
Other circulatory disturbance.....	7	..	..	..	1	1	3	1	1	..
Convulsive disorder.....	47	..	2	7	7	12	12	6	..	1
Senile brain disease.....	2	..	..	..	..	..	..	2	..	..
Intracranial neoplasm.....	1	..	..	..	..	..	1	..	..	..
Chronic brain syndromes of unknown cause.....	2	..	..	..	1	1	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	161	..	2	8	10	18	33	52	31	2
PSYCHOTIC DISORDERS:										
Involutional psychotic reaction.....	5	..	..	..	..	1	2	2	..	..
Manic-depressive reaction.....	54	..	..	..	3	12	16	13	9	1
Schizophrenic reactions.....	497	..	13	60	138	136	98	35	13	3
Paranoid reactions.....	14	..	..	..	..	1	6	4	3	..
TOTAL PSYCHOTIC DISORDERS.....	570	..	13	60	141	150	122	54	25	4
PSYCHONEUROTIC REACTIONS.....	48	..	1	1	18	9	15	4	..	..
PERSONALITY DISORDERS:										
Personality pattern disturbance.....	1	..	..	..	..	1	..	..	..	..
Antisocial reaction.....	4	..	1	1	..	..	..	2	..	..
TOTAL PERSONALITY DISORDERS.....	5	..	1	1	..	1	..	2	..	..
MENTAL DEFICIENCY.....	32	..	..	2	8	6	11	3	2	..
WITHOUT MENTAL DISORDER.....	1	..	..	..	..	..	..	..	..	1
GRAND TOTAL.....	819	..	17	73	177	185	186	115	58	6

TABLE 8—PATIENTS ON BOOKS—FIRST ADMISSIONS AT END OF YEAR BY AGE AT END OF YEAR
AND MENTAL DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication.....	17		1	4	6	6					
All other conditions.....	4		1	1		2					
TOTAL ACUTE BRAIN SYNDROMES.....	21		2	5	6	8					
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Diseases and conditions due to prenatal (constitu- tional) influence.....	2		1	1							
Meningoencephalitic syphilis.....	105	1		4	17	35	35	8	5		
Other CNS syphilis.....	3						2	1			
Epidemic encephalitis.....	2				1		1				
Other intracranial infections.....	1			1							
Alcohol intoxication.....	20			2	8	6	3			1	
Birth trauma.....	25		8	5	5	5	2				
Cerebral arteriosclerosis.....	199				2	36	58	68	27	7	1
Other circulatory disturbance.....	12				3	3	2	1	2	1	
Convulsive disorder.....	72	1	10	20	27	8	6				
Senile brain disease.....	4								3	1	
Other disturbance of metabolism, growth, and nutrition.....	2					1	1				
Diseases of unknown and uncertain cause.....	5				3	1	1				
Chronic brain syndrome of unknown cause.....	11		2	2	4	2	1				
TOTAL CHRONIC BRAIN SYNDROMES.....	463	2	21	35	70	97	112	78	37	10	1
PSYCHOTIC DISORDERS:											
Manic-depressive reaction.....	32		1	2	6	12	10				1
Schizophrenic reactions.....	807	1	87	197	264	140	64	33	9	2	10
Other.....	1							1			
TOTAL PSYCHOTIC DISORDERS.....	840	1	88	199	270	152	74	34	9	2	11
PSYCHONEUROTIC REACTIONS.....	1					1					
MENTAL DEFICIENCY.....	254	1	34	65	64	51	24	10	1		4
WITHOUT MENTAL DISORDER.....	3	1	1	1	3						
GRAND TOTAL.....	1582	5	146	305	410	309	210	122	47	12	16

TABLE 8—PATIENTS ON BOOKS—READMISSIONS AT END OF YEAR BY AGE AT END OF YEAR
AND MENTAL DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
Alcohol intoxication.....	2	..	..	..	1	1	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	2	..	..	..	1	1	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Meningoencephalitic syphilis.....	6	..	..	..	3	1	..	2	..	..
Other intracranial infections.....	1	..	..	1	..	..	..	..	..	..
Alcohol intoxication.....	14	..	..	2	4	6	2	..	..	..
Birth trauma.....	2	..	..	2	..	..	..	..	..	..
Other trauma.....	1	..	..	..	..	1	..	..	..	..
Cerebral arteriosclerosis.....	32	..	..	..	..	6	13	10	3	..
Convulsive disorder.....	25	..	2	9	4	8	3	..	..	..
Other disturbance of metabolism, growth, and nutrition.....	1	..	..	..	..	1	..	..	..	..
Diseases of unknown and uncertain cause.....	1	..	..	..	..	1	..	..	..	..
Chronic brain syndromes of unknown cause.....	3	..	..	..	1	1	1	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	87	..	2	14	12	24	20	12	3	..
PSYCHOTIC DISORDERS:										
Manic-depressive reaction.....	30	..	..	..	4	11	9	3	1	2
Schizophrenic reactions.....	188	..	10	47	51	49	25	4	1	1
Paranoid reactions.....	2	..	..	..	..	..	..	1	..	..
TOTAL PSYCHOTIC DISORDERS.....	220	..	10	47	55	60	34	8	2	3
MENTAL DEFICIENCY.....	29	..	5	7	7	4	3	1	..	2
GRAND TOTAL.....	338	..	17	68	75	89	57	21	5	3

TABLE 8—PATIENTS ON BOOKS—FIRST ADMISSIONS AT END OF YEAR BY AGE AT END OF YEAR
AND MENTAL DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Alcohol intoxication.....	3	..	..	1	2	..	..	..	..	..	..
All other conditions.....	1	..	..	..	..	..	1	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	4	..	..	1	2	..	1	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Meningoencephalitic syphilis.....	25	..	..	1	6	11	5	3	..	..	..
Epidemic encephalitis.....	1	..	..	..	..	..	..	..	..	..	..
Alcohol intoxication.....	7	..	2	2	3	..	..	..	..	..	..
Birth trauma.....	2	..	..	1	1	..	..	..	..	..	..
Other trauma.....	2	..	1	..	..	..	1	..	..	..	..
Cerebral arteriosclerosis.....	154	..	..	..	1	24	62	54	8	5	..
Other circulatory disturbance.....	22	..	..	..	3	6	7	4	2	..	..
Convulsive disorder.....	55	..	6	16	21	7	3	2	..	..	..
Senile brain disease.....	74	..	..	..	..	1	1	19	47	6	..
Other disturbance of metabolism, growth, and nutrition.....	13	..	..	..	2	4	4	2	..	1	..
Chronic brain syndrome of unknown cause.....	4	..	..	1	1	2	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	359	..	9	21	38	55	83	84	57	12	..
PSYCHOTIC DISORDERS:											
Involuntal psychotic reaction.....	1	..	..	..	..	..	1	..	..	..	..
Manic-depressive reaction.....	173	1	7	27	34	69	22	6	5	..	2
Schizophrenic reactions.....	658	..	55	132	205	135	63	46	13	4	5
Paranoid reactions.....	11	..	..	..	2	1	5	2	1	..	..
TOTAL PSYCHOTIC DISORDERS.....	843	1	62	159	241	205	91	54	19	4	7
PSYCHONEUROTIC REACTIONS.....	3	..	2	1	..	..	..	..	..	..	..
PERSONALITY DISORDERS:											
Drug addiction.....	1	..	..	..	..	..	1	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	1	..	..	..	..	..	1	..	..	..	..
MENTAL DEFICIENCY.....	139	..	14	27	34	26	22	11	1	3	1
WITHOUT MENTAL DISORDER.....	5	..	3	..	1	..	1	..	..	..	..
GRAND TOTAL.....	1354	1	90	209	316	286	199	149	77	19	8

TABLE 8—PATIENTS ON BOOKS—READMISSIONS AT END OF YEAR BY AGE AT END OF YEAR
AND MENTAL DISORDER—COLORED FEMALE

Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (in years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
All other conditions	1	..	..	1	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES	1	..	..	1	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Meningoencephalitic syphilis	5	..	..	..	1	1	1	1	1	..
Alcohol intoxication	1	..	..	..	1	..	..	..	..	..
Birth trauma	1	..	..	..	1	..	..	..	..	..
Cerebral arteriosclerosis	29	..	..	..	1	5	11	10	2	..
Other circulatory disturbance	5	..	..	..	..	..	3	2	..	..
Convulsive disorder	18	..	2	4	4	5	3	..	..	..
Senile brain disease	7	..	..	..	..	..	..	4	3	..
Other disturbance of metabolism, growth, and nutrition	1	..	..	..	..	1	..	..	..	..
Diseases of unknown and uncertain cause	1	..	..	..	..	1	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES	68	..	2	4	8	13	18	17	6	..
PSYCHOTIC DISORDERS:										
Manic-depressive reaction	108	..	2	19	29	24	21	10	1	2
Schizophrenic reactions	243	..	5	52	73	52	29	23	7	2
Paranoid reactions	2	..	..	..	..	..	..	2	..	..
TOTAL PSYCHOTIC DISORDERS	353	..	7	71	102	76	50	35	8	4
PHYCHONEUROTIC REACTIONS	1	..	..	1	..	..	..	..	..	..
MENTAL DEFICIENCY	34	..	1	6	14	5	6	1	1	..
WITHOUT MENTAL DISORDER	2	..	..	..	..	1	..	..	1	..
GRAND TOTAL	459	..	10	83	124	95	74	53	16	4

TABLE 9—PATIENTS ON BOOKS—FIRST ADMISSIONS AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
Alcohol intoxication.....	2	1	..	..	..	..	..	..	1	..	..	..	..	..
All other conditions.....	2	..	..	..	1	..	..	..	1	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	4	1	..	..	1	..	..	..	2	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Diseases and conditions due to prenatal (constitutional) influence.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..
Meningoencephalitic syphilis.....	52	..	..	..	..	2	..	..	6	17	19	8	..	..
Other CNS syphilis.....	2	..	..	..	..	..	..	..	1	..	..	1	..	..
Other intracranial infections.....	3	1	..	1	..	..	..	1	..	..	..	..	..	..
Alcohol intoxication.....	3	..	..	2	..	..	..	..	..	1	..	..	..	..
Drug or poison intoxication (except alcohol).....	2	..	..	..	..	..	..	..	..	1	..	..	..	1
Birth trauma.....	1	..	1	..	..	..	..	..	..	1	..	..	..	..
Other trauma.....	16	6	4	4	1	2	..	..	..	1	2	..	..	..
Cerebral arteriosclerosis.....	234	27	48	43	41	11	20	15	14	11	2	1	1	..
Other circulatory disturbance.....	13	2	1	5	1	1	..	..	2	..	..	..	..	..
Convulsive disorder.....	52	..	2	..	3	1	1	3	5	6	12	10	3	6
Senile brain disease.....	6	..	..	1	..	..	..	..	2	3	..	..	..	..
Other disturbance of metabolism, growth, and nutrition.....	5	..	..	..	1	1	..	..	..	..	1	..	1	1
Intracranial neoplasm.....	5	..	..	..	..	1	1	..	1	1	1	..	..	..
Diseases of unknown and uncertain cause.....	9	..	1	2	3	..	..	..	2	..	..	1	..	..
Chronic brain syndrome of unknown cause.....	4	1	1	1	..	..	..	..	..	..	1	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	408	31	60	60	50	19	22	19	31	43	38	22	5	8
PSYCHOTIC DISORDERS:														
Involuntional psychotic reaction.....	20	3	5	2	1	..	2	1	3	3	2	1	..	..
Manic-depressive reaction.....	78	1	8	12	4	2	1	2	3	12	9	12	5	7
Schizophrenic reactions.....	622	39	45	62	63	23	21	26	63	47	54	66	41	72
Paranoid reactions.....	17	..	1	3	2	1	2	..	3	..	2	2	1	..
Other.....	2	..	..	..	..	..	..	..	..	..	..	..	2	..
TOTAL PSYCHOTIC DISORDERS.....	739	43	59	79	70	26	24	30	70	62	67	81	49	79

PSYCHONEUROTIC REACTIONS.....	62	10	18	18	4	3	1	..	3	2	2	..	1	..
PERSONALITY DISORDERS:														
Personality pattern disturbance.....	2	2	..	..	..	..	..	..	..	..	..	..	..	..
Personality trait disturbance.....	2	1	..	1	..	..	..	..	..	..	..	..	..	..
Antisocial reaction.....	1	..	..	..	..	..	..	..	..	..	..	..	..	1
Sexual deviation.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..
Alcoholism (addiction).....	6	1	3	2	..	..	..	..	..	..	..	..	..	..
Drug addiction.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	13	4	3	4	1	..	..	..	..	..	..	..	..	1
MENTAL DEFICIENCY.....	131	5	9	12	4	9	8	6	29	20	13	5	6	5
WITHOUT MENTAL DISORDER.....	12	8	3	1	..	..	..	..	..	..	..	..	..	..
GRAND TOTAL.....	1369	102	152	174	130	57	55	55	135	127	120	108	61	93

TABLE 9—PATIENTS ON BOOKS—READMISSIONS AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS											
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years 30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:													
Alcohol intoxication.....	12	12	..	1	..	..	..	..	12	..	..	..	..
All other conditions.....	12	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	51	12	..	1	..	..	..	..	24	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:													
Diseases and conditions due to prenatal (constitutional) influence.....	1	..	..	..	..	1	..	..	..	..	..	..	..
Meningoencephalitic syphilis.....	20	..	1	1	3	..	..	..	3	9	3	..	..
Epidemic encephalitis.....	4	..	..	..	..	..	1	1	..	2	..	..	..
Alcohol intoxication.....	12	..	1	..	..	..	1	..	..	..	..	..	..
Birth trauma.....	1	..	..	..	..	1	..	..	..	..	..	..	..
Other trauma.....	5	..	..	..	1	..	..	..	3	1	..	..	..
Cerebral arteriosclerosis.....	47	3	8	12	7	3	1	4	8	..	..	..	1
Other circulatory disturbance.....	5	..	..	..	1	1	1	1	..	..	..	..	..
Convulsive disorder.....	43	..	2	2	3	4	1	1	10	8	3	5	4
Senile brain disease.....	2	1	..	..	..	..	..	..	..	..	1	..	..
Intracranial neoplasm.....	1	..	..	..	..	..	1	..	..	..	1	..	..
Diseases of unknown and uncertain cause.....	1	..	..	..	..	..	..	..	..	..	..	..	..
Chronic brain syndrome of unknown cause.....	2	..	..	1	1	..	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	134	4	13	16	16	10	6	7	24	20	8	5	5
PSYCHOTIC DISORDERS:													
Involuntal psychotic reaction.....	2	..	1	..	..	..	..	..	..	1	..	..	..
Manic-depressive reaction.....	77	5	10	8	14	4	1	5	7	7	7	6	3
Psychotic depressive reaction.....	1	1	..	..	..	..	..	..	..	..	..	..	..
Schizophrenic reactions.....	319	13	17	35	37	18	22	15	58	27	22	16	26
Paranoid reactions.....	2	..	..	..	..	2	..	..	..	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	401	19	28	43	51	24	23	20	65	35	29	22	26
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS.....	1	..	..	..	1	..	..	..	..	..	..	..	..

PSYCHONEUROTIC REACTIONS.....	16	3	2	5	..	3	1	..	2	..	..	..	..
PERSONALITY DISORDERS:													
Personality trait disturbance.....	1	..	..	1	..	..	..	..	..	..	..	..	..
Antisocial reaction.....	2	..	..	..	..	..	..	..	..	2	..	..	..
Alcoholism (addiction).....	5	4	1	..	..	..	..	..	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	8	4	1	1	..	..	..	..	..	2	..	..	..
MENTAL DEFICIENCY.....	35	2	3	2	4	3	1	2	8	4	2	2	..
WITHOUT MENTAL DISORDER.....	2	2	..	..	..	..	..	..	..	..	..	..	..
GRAND TOTAL.....	602	36	47	68	72	40	31	29	101	59	41	29	18

TABLE 9—PATIENTS ON BOOKS—FIRST ADMISSIONS AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
Drug or poison intoxication (except alcohol).....	1	1												
All other conditions.....	1												1	
TOTAL ACUTE BRAIN SYNDROMES.....	2	1											1	
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis.....	18								3	5	7	3		
Epidemic encephalitis.....	1									1				
Alcohol intoxication.....	2	1					1							
Drug or poison intoxication (except alcohol).....	1			1										
Birth trauma.....	1			1										
Other trauma.....	3	1			1									
Cerebral arteriosclerosis.....	261	19	34	48	47	30	10	21	37	10	3	1		1
Other circulatory disturbance.....	11	1	1	3	1									
Convulsive disorder.....	47	1	3	2	2	4	5		2	6	5	8		4
Senile brain disease.....	74	7	6	12	10	8	7	5	13	1		2	1	2
Other disturbance of metabolism, growth, and nutrition.....	10			1	1				1	1	2	1	1	
Intracranial neoplasm.....	2								1	1				
Diseases of unknown and uncertain cause.....	5		1	1	1	1			1					
Chronic brain syndrome of unknown cause.....	6		1				1	1	3					
TOTAL CHRONIC BRAIN SYNDROMES.....	444	30	46	69	63	46	24	27	61	27	17	17	7	10
PSYCHOTIC DISORDERS:														
Involutional psychotic reaction.....	15	1	1		1				3	1	3	4	1	
Manic-depressive reaction.....	31	1	4	1	1	1			1	2	4	7	5	3
Schizophrenic reactions.....	804	20	77	85	71	54	21	24	82	65	57	72	48	128
Paranoid reactions.....	29		1		2	1	1		2	8	4	6	4	
TOTAL PSYCHOTIC DISORDERS.....	879	22	83	86	75	56	23	24	88	76	68	89	58	131
PSYCHONEUROTIC REACTIONS.....	164	32	40	55	15	5		3	4	3	1	3	1	2

PERSONALITY DISORDERS:

Personality trait disturbance.....	5	3	..	..	1	1	..	..	..	..	..	..	..	..	..	..
Antisocial reaction.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholism (addiction).....	4	3	1	..	..	..	..	..	..	..	..	..	1	..	..	..
TOTAL PERSONALITY DISORDERS.....	10	6	1	..	1	1	..	..	..	..	..	..	1	..	..	..
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
MENTAL DEFICIENCY.....	85	5	4	6	7	2	5	4	9	7	10	6	5	15	..	..
WITHOUT MENTAL DISORDER.....	5	2	2	1	..	..	..	..	..	..	..	..	..	..	..	..
GRAND TOTAL.....	1590	99	176	217	161	110	52	58	162	113	96	116	72	158	..	..

TABLE 9—PATIENTS ON BOOKS—READMISSIONS AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
Alcohol intoxication.....	2	1	1	..	..	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	2	1	1	..	..	..	..	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis.....	5	..	..	..	..	..	..	..	4	1	..	..	..	..
Epidemic encephalitis.....	2	..	..	..	..	..	1	..	..	1	..	..	..	..
Alcohol intoxication.....	2	..	1	..	1	..	..	..	..	..	..	..	..	..
Drug or poison intoxication (except alcohol).....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Cerebral arteriosclerosis.....	92	5	11	22	17	8	7	4	11	3	3	1	..	..
Other circulatory disturbance.....	7	..	1	..	..	..	..	1	3	..	..	1	..	..
Convulsive disorder.....	47	..	1	2	5	2	2	2	6	5	3	7	3	9
Senile brain disease.....	2	..	..	1	..	..	..	..	..	..	..	..	..	1
Intracranial neoplasm.....	1	..	..	..	..	..	..	..	..	..	..	..	..	1
Chronic brain syndrome of unknown cause.....	2	..	..	1	..	..	..	..	..	..	..	1	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	161	5	15	26	23	10	10	7	24	10	7	10	3	11
PSYCHOTIC DISORDERS:														
Involuntal psychotic reaction.....	5	1	..	..	..	..	..	..	..	3	1	..	..	..
Manic-depressive reaction.....	54	1	4	3	5	4	..	..	8	6	8	8	4	3
Schizophrenic reactions.....	497	21	49	57	82	37	23	16	66	35	31	20	18	42
Paranoid reactions.....	14	..	..	..	..	..	..	..	2	5	4	..	2	1
TOTAL PSYCHOTIC DISORDERS.....	570	23	53	60	87	41	23	16	76	49	44	28	24	46
PSYCHONEUROTIC REACTIONS.....	48	5	5	12	8	4	4	..	3	2	..	3	2	..
PERSONALITY DISORDERS:														
Personality pattern disturbance.....	1	..	..	1	1	..	..	1	..	..	..	..	..	2
Antisocial reaction.....	4	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	5	..	..	1	1	..	..	1	..	..	..	..	..	2
MENTAL DEFICIENCY.....	32	..	3	3	5	..	..	2	1	7	4	2	2	3
WITHOUT MENTAL DISORDER.....	1	..	..	..	1	..	..	..	..	..	..	..	..	..
GRAND TOTAL.....	819	34	77	102	125	55	37	26	104	68	55	43	31	62

TABLE 9—PATIENTS ON BOOKS—FIRST ADMISSIONS AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
Alcohol intoxication.....	17	8	1	1	2				3	1	1			
All other conditions.....	4				1		1			2				
TOTAL ACUTE BRAIN SYNDROMES.....	21	8	1	1	3		1		3	3	1			
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Diseases and conditions due to prenatal (constitutional) influence.....	2				1			1						
Meningoencephalitic syphilis.....	105	2		4	5	7	8	8	22	27	14	8		
Other CNS syphilis.....	3					1					1			1
Epidemic encephalitis.....	2								1				1	
Other intracranial infections.....	1				1									
Alcohol intoxication.....	20	1	3	4	6	3	1		1			1		
Birth trauma.....	25		3	1	4	3	3	1	7				1	
Cerebral arteriosclerosis.....	199	9	19	20	32	29	19	16	35	16	3	1		
Other circulatory disturbance.....	12		1	1	3							4	2	1
Convulsive disorder.....	72	1	2	3	3	5	3	3	13	15	11	9	1	3
Senile brain disease.....	4				1	1				2				
Other disturbance of metabolism, growth, and nutrition.....	2												2	
Diseases of unknown and uncertain cause.....	5								4					1
Chronic brain syndrome of unknown cause.....	11		1	2	2	1			5					
TOTAL CHRONIC BRAIN SYNDROMES.....	463	13	29	35	58	50	34	29	88	62	29	23	7	6
PSYCHOTIC DISORDERS:														
Manic-depressive reaction.....	32	2		2	3		1		2	10	3	3	2	4
Schizophrenic reactions.....	807	17	27	48	66	43	46	45	183	114	55	60	34	69
Other.....	1										1			
TOTAL PSYCHOTIC DISORDERS.....	840	19	27	50	69	43	47	45	185	124	59	63	36	73
PSYCHONEUROTIC REACTIONS.....	1						1							
MENTAL DEFICIENCY.....	254		3	5	10	8	5	9	51	45	43	32	15	28
WITHOUT MENTAL DISORDER.....	3	2	1											
GRAND TOTAL.....	1582	42	61	91	140	101	88	83	327	234	132	118	58	107

TABLE 9—PATIENTS ON BOOKS—READMISSIONS AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
Alcohol intoxication.....	2	1	..	..	..	..	..	1	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	2	1	..	..	..	..	..	1	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis.....	6	..	..	1	1	2	..	1	1	..	..	..	..	..
Other intracranial infections.....	1	..	..	..	1	..	..	..	..	..	..	..	..	..
Alcohol intoxication.....	14	1	1	..	8	1	1	1	1	..	..	..	..	..
Birth trauma.....	2	..	..	1	..	..	..	..	1	..	..	..	..	..
Other trauma.....	1	..	..	..	..	..	..	..	1	..	..	..	..	..
Cerebral arteriosclerosis.....	32	..	8	5	5	5	4	1	2	1	1	..	1	..
Convulsive disorder.....	26	..	1	..	7	2	3	2	3	5	1	1	1	..
Other disturbance of metabolism, growth, and nutrition.....	1	..	..	..	..	..	..	..	..	..	..	1	..	..
Diseases of unknown and uncertain cause.....	1	..	..	1	..	..	..	..	..	..	..	1	..	..
Chronic brain syndrome of unknown cause.....	3	..	1	..	1	1	..	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	87	1	11	8	23	11	8	5	9	6	2	2	1	..
PSYCHOTIC DISORDERS:														
Manic-depressive reaction.....	30	4	2	2	4	1	2	..	2	1	2	3	6	1
Schizophrenic reactions.....	188	6	13	25	17	13	12	9	44	21	9	5	6	8
Paranoid reactions.....	2	..	..	..	..	..	..	..	..	1	..	..	1	..
TOTAL PSYCHOTIC DISORDERS.....	220	10	15	27	21	14	14	9	46	22	12	8	12	10
MENTAL DEFICIENCY.....	29	..	..	3	3	2	2	..	6	4	2	2	1	4
GRAND TOTAL.....	338	12	26	38	47	27	24	15	61	32	16	12	14	14

TABLE 9—PATIENTS ON BOOKS—FIRST ADMISSIONS AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
Alcohol intoxication.....	3	3												
All other conditions.....	1											1		
TOTAL ACUTE BRAIN SYNDROMES.....	4	3										1		
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis.....	25	1		1	1		1	1	9	6	1	4		
Epidemic encephalitis.....	1								1					
Alcohol intoxication.....	7		2	4	1									
Birth trauma.....	2					1								
Other trauma.....	2					1			1					
Cerebral arteriosclerosis.....	154	4	16	13	26	15	9	10	34	21	2	2	1	1
Other circulatory disturbance.....	22	1	2	3	6	2			2			5	1	1
Convulsive disorder.....	55		2	5	7	1	4	2	9	10	5	5	1	4
Senile brain disease.....	74	2	8	15	13	6	8		11	6	4			1
Other disturbance of metabolism, growth, and nutrition.....	13			1					1	1	1	4	5	1
Chronic brain syndrome of unknown cause.....	4	1							1	1	1			
TOTAL CHRONIC BRAIN SYNDROMES.....	359	9	30	42	55	26	22	13	68	45	14	20	7	8
PSYCHOTIC DISORDERS:														
Involuntional psychotic reaction.....	1								1					
Manic-depressive reaction.....	173	4	29	29	16	3	2		19	14	21	22	6	8
Schizophrenic reactions.....	658	10	35	45	52	24	38	16	104	123	50	49	28	84
Paranoid reactions.....	11									1	5	4	1	
TOTAL PSYCHOTIC DISORDERS.....	843	14	64	74	68	27	40	16	123	139	76	75	35	92
PSYCHONEUROTIC REACTIONS.....	3	1	1		1									
PERSONALITY DISORDERS:														
Drug addiction.....	1											1		
TOTAL PERSONALITY DISORDERS.....	1											1		
MENTAL DEFICIENCY.....	139		5	10	6	9	3	2	21	24	11	20	6	22
WITHOUT MENTAL DISORDER.....	5	1		2		1				1				
GRAND TOTAL.....	1354	28	100	128	130	63	65	31	212	209	101	117	48	122

TABLE 9—PATIENTS ON BOOKS—READMISSIONS AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 years and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:	1	..	1	..	..	..	..	..	..	..	..	..	..	..
All other conditions.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:	5	..	..	..	..	2	1	1	..	..	..	1	..	..
Meningoencephalitic syphilis.....	1	..	..	..	1	..	..	..	..	..	..	..	..	..
Alcohol intoxication.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Birth trauma.....	29	..	3	3	4	8	2	..	8	1	..	..	..	..
Cerebral arteriosclerosis.....	5	2	..	..	1	..	..	1	..	..	..	..	..	..
Other circulatory disturbance.....	18	..	1	..	4	3	2	..	2	1	4	1	..	..
Convulsive disorder.....	7	1	..	2	..	1	..	1	2	..	..	..	..	..
Senile brain disease.....	1	..	..	..	..	..	..	..	..	1	..	..	..	..
Other disturbance of metabolism, growth, and nutrition.....	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Diseases of unknown and uncertain cause.....	68	3	4	5	11	14	5	4	13	3	4	2	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	68	3	4	5	11	14	5	4	13	3	4	2	..	..
PSYCHOTIC DISORDERS:	108	3	14	20	14	8	7	3	13	9	5	6	3	3
Manic-depressive reaction.....	243	9	10	20	38	23	10	10	29	29	15	5	15	30
Schizophrenic reactions.....	2	..	..	..	..	..	..	..	1	..	..	..	1	..
Paranoid reactions.....	353	12	24	40	52	31	17	13	43	38	20	11	19	33
TOTAL PSYCHOTIC DISORDERS.....	353	12	24	40	52	31	17	13	43	38	20	11	19	33
PSYCHONEUROTIC REACTIONS.....	1	..	..	..	1	..	..	..	..	..	..	..	..	..
MENTAL DEFICIENCY.....	34	..	2	2	4	5	2	1	5	2	4	1	1	5
WITHOUT MENTAL DISORDER.....	2	1	..	..	..	..	..	..	..	..	..	..	..	1
GRAND TOTAL.....	459	16	31	47	68	50	24	18	61	43	28	14	20	39

TABLE 10—FIRST ADMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY AGE AT END OF YEAR AND MENTAL DISORDER—WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (In Years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
All other conditions.....	1	..	..	..	..	1	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	1	..	..	..	..	1	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Diseases and conditions due to prenatal (constitu-										
tional) influence.....	1	..	..	..	..	..	..	..	..	1
Meningoencephalitic syphilis.....	1	..	..	..	..	..	1	..	..	..
Alcohol intoxication.....	1	..	..	..	..	..	1	..	..	..
Other trauma.....	5	..	..	2	2	1	..	..	..	..
Cerebral arteriosclerosis.....	41	..	..	..	..	1	12	17	8	2
Other circulatory disturbance.....	5	..	..	..	..	1	2	..	..	..
Convulsive disorder.....	6	1	1	..	2	1	1	..	..	..
Senile brain disease.....	1	..	..	..	..	..	..	1	..	..
Other disturbance of metabolism, growth, and										
nutrition.....	1	..	..	..	1	..	..	..	..	..
Diseases of unknown and uncertain cause.....	2	..	..	..	..	2	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	64	1	1	2	5	6	17	18	10	2
PSYCHOTIC DISORDERS:										
Involuntal psychotic reaction.....	8	..	..	..	1	4	3	..	..	..
Manic-depressive reaction.....	22	..	1	..	5	5	7	3	..	1
Schizophrenic reactions.....	112	1	27	37	25	16	2	1	..	3
Paranoid reactions.....	5	..	..	..	2	2	1	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	147	1	28	37	33	27	13	4	..	1
PSYCHONEUROTIC REACTIONS.....	39	1	3	4	15	9	5	1	1	..
PERSONALITY DISORDERS:										
Sexual deviation.....	1	..	..	1	..	..	..	..	..	..
Alcoholism (addiction).....	2	..	..	..	1	1	..	..	..	..
TOTAL PERSONALITLY DISORDERS.....	3	..	..	1	1	1	..	..	..	..
MENTAL DEFICIENCY.....	10	..	2	2	3	2	1	..	..	..
GRAND TOTAL.....	264	3	34	46	57	46	36	23	11	3

TABLE 10—READMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY AGE AT END OF YEAR AND MENTAL DISORDER—WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (In Years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Meningoencephalitic syphilis.....	3	..	..	..	..	2	1	..	..	..
Other trauma.....	1	..	..	1	..	..	..	..	..	..
Cerebral arteriosclerosis.....	11	..	..	..	..	1	5	4	1	..
Other circulatory disturbance.....	2	..	..	..	2	..	..	..	..	..
Convulsive disorder.....	3	..	..	..	..	2	1	..	..	..
Chronic brain syndrome of unknown cause.....	2	..	..	..	..	2	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	22	..	..	1	2	7	7	4	1	..
PSYCHOTIC DISORDERS:										
Involucional psychotic reaction.....	1	..	..	..	..	..	1	..	..	..
Manic-depressive reaction.....	23	..	1	..	1	12	5	1	1	2
Psychotic depressive reaction.....	1	..	..	..	..	1	..	..	..	..
Schizophrenic reactions.....	70	..	3	18	26	16	7	..	..	..
Paranoid reactions.....	1	..	..	..	..	1	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	96	..	4	18	27	30	13	1	1	2
PSYCHONEUROTIC REACTIONS.....	6	..	..	1	1	2	2	..	..	..
PERSONALITY DISORDERS:										
Alcoholism (addiction).....	1	..	..	..	..	1	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	1	..	..	..	..	1	..	..	..	..
MENTAL DEFICIENCY.....	8	..	1	2	1	2	2	..	..	..
GRAND TOTAL.....	133	..	5	22	31	42	24	5	2	2

TABLE 10—FIRST ADMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY AGE AT END OF YEAR AND MENTAL DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (In Years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Meningoencephalitic syphilis.....	1					1				
Drug or poison intoxication (except alcohol).....	1				1					
Birth trauma.....	1			1						
Cerebral arteriosclerosis.....	68				1	4	26		7	1
Other circulatory disturbance.....	4						2	2		
Convulsive disorder.....	5		1	4						
Senile brain disease.....	7								4	3
Other disturbance of metabolism, growth, and nutrition.....	2					1	1			
Diseases of unknown and uncertain cause.....	1			1						
TOTAL CHRONIC BRAIN SYNDROMES.....	90		1	6	2	6	29	31	11	4
PSYCHOTIC DISORDERS:										
Involuntary psychotic reaction.....	2					2				
Manic-depressive reaction.....	7			2	3	1	1			
Schizophrenic reactions.....	205		31	52	66	37	16	2		1
Paranoid reactions.....	2					1	1			
TOTAL PSYCHOTIC DISORDERS.....	216		31	54	69	41	18	2		1
PSYCHONEUROTIC REACTIONS.....	113		6	28	33	32	11	2		1
MENTAL DEFICIENCY.....	11		3	3	1	2	2			
WITHOUT MENTAL DISORDER.....	2			1		1				
GRAND TOTAL.....	432		41	92	105	82	60	35	11	4

TABLE 10—READMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY AGE AT END OF YEAR AND MENTAL DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (In Years)									
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:											
Drug or poison intoxication (except alcohol).....	1	..	..	1	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	1	..	..	1	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:											
Drug or poison intoxication (except alcohol).....	1	..	..	..	..	..	1	..	..	..	..
Cerebral arteriosclerosis.....	30	..	..	..	..	1	11	12	5	..	1
Convulsive disorder.....	4	..	..	3	1	..	..	..	..	..	..
Senile brain disease.....	1	..	..	..	..	..	..	..	1	..	..
Intracranial neoplasm.....	1	..	..	..	1	..	..	..	..	..	..
Chronic brain syndrome of unknown cause.....	1	..	..	..	1	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	38	..	..	3	3	1	12	12	6	..	1
PSYCHOTIC DISORDERS:											
Involutional psychotic reaction.....	1	..	..	..	..	..	..	1	..	..	..
Manic-depressive reaction.....	11	..	..	..	..	6	5	..	..	..	..
Schizophrenic reactions.....	165	1	6	33	56	41	22	3	..	..	3
TOTAL PSYCHOTIC DISORDERS.....	177	1	6	33	56	47	27	4	..	..	3
PSYCHONEUROTIC REACTIONS.....	29	..	1	2	14	7	5	..	..	..	..
MENTAL DEFICIENCY.....	5	..	..	1	2	1	..	..	..	..	1
GRAND TOTAL.....	250	1	7	40	75	56	44	16	6	..	5

TABLE 10—FIRST ADMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY AGE AT END OF YEAR AND MENTAL DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (In Years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
All other conditions.....	1		1							
TOTAL ACUTE BRAIN SYNDROMES	1		1							
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Meningoencephalitic syphilis	4				1	2	1			
Other intracranial infections	1		1							
Alcohol intoxication	10			3	5	2				
Birth trauma	1		1							
Cerebral arteriosclerosis	20				1	4	6	4	4	1
Other circulatory disturbance	2				1	1				
Convulsive disorder	6	1	2		2	1				
Chronic brain syndrome of unknown cause	1				1					
TOTAL CHRONIC BRAIN SYNDROMES.....	45	1	4	3	11	10	7	4	4	1
PSYCHOTIC DISORDERS:										
Manic-depressive reaction	3				1	1	1			
Schizophrenic reactions	76	1	24	21	19	5	2			4
TOTAL PSYCHOTIC DISORDERS.....	79	1	24	21	20	6	3			4
MENTAL DEFICIENCY.....	1				1					
GRAND TOTAL	126	2	29	24	32	16	10	4	4	5

TABLE 10—READMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY AGE AT END OF YEAR AND MENTAL DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (In Years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Alcohol intoxication	5			1	2	1	1			
Cerebral arteriosclerosis.....	9					4	3			
Convulsive disorder.....	2		1	1				2		
TOTAL CHRONIC BRAIN SYNDROMES.....	16		1	2	2	5	4	2		
PSYCHOTIC DISORDERS:										
Manic-depressive reaction.....	5				2	1	1		1	
Schizophrenic reactions.....	22		2	8	6	5		1		
TOTAL PSYCHOTIC DISORDERS.....	27		2	8	8	6	1	1	1	
GRAND TOTAL	43		3	10	10	11	5	3	1	

TABLE 10—FIRST ADMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY AGE AT END OF YEAR AND MENTAL DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (In Years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:										
All other conditions	1			1						
TOTAL ACUTE BRAIN SYNDROMES	1			1						
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Meningoencephalitis syphilis	1			1						
Alcohol intoxication	5		1	2	1					1
Cerebral arteriosclerosis	24					6	6	10		2
Other circulatory disturbance	4					1	2	1		
Convulsive disorder	10		5	3	1					1
Senile brain disease	6						1		5	
Other disturbance of metabolism, growth, and nutrition	2		1			1				
TOTAL CHRONIC BRAIN SYNDROMES	52		7	6	2	8	9	11	5	4
PSYCHOTIC DISORDERS:										
Manic-depressive reaction	53		6	18	12	12	2		1	2
Schizophrenic reactions	81		16	31	21	7	3			3
TOTAL PSYCHOTIC DISORDERS	134		22	49	33	19	5		1	5
PSYCHONEUROTIC REACTIONS	2		1	1						
MENTAL DEFICIENCY	7		3	2	1					1
GRAND TOTAL	196		33	59	36	27	14	11	6	10

TABLE 10—READMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY AGE AT END OF YEAR AND MENTAL DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	AGE (In Years)								
		Under 15	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over Age Un- known
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
Meningoencephalitic syphilis	1				1			1		
Birth trauma	1									
Cerebral arteriosclerosis	8				1	1	2	3		1
Other circulatory disturbance	1						1			
Convulsive disorder	2		1	1						
TOTAL CHRONIC BRAIN SYNDROMES	13		1	1	2	1	3	4		1
PSYCHOTIC DISORDERS:										
Manic-depressive reaction	42		1	12	14	8	4	2		1
Schizophrenic reactions	32		3	16	9	4				
TOTAL PSYCHOTIC DISORDERS	74		4	28	23	12	4	2		1
MENTAL DEFICIENCY	1			1						
GRAND TOTAL	88		5	30	25	13	7	6		2

TABLE 11—FIRST ADMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
All other conditions.....	1		1											
TOTAL ACUTE BRAIN SYNDROMES.....	1		1											
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Diseases and conditions due to prenatal (constitutional) influence.....	1		1											
Meningoencephalitic syphilis.....	1											1		
Alcohol intoxication.....	1		1											
Other trauma.....	5		3	1	1									
Cerebral arteriosclerosis.....	41	1	15	11	11	1			1	1				
Other circulatory disturbance.....	5		2	3										
Convulsive disorder.....	6		1		3	1						1		
Senile brain disease.....	1			1										
Other disturbance of metabolism, growth, and nutrition.....	1				1									
Diseases of unknown and uncertain cause.....	2				2									
TOTAL CHRONIC BRAIN SYNDROMES.....	64	1	21	18	18	2			1	1		2		
PSYCHOTIC DISORDERS:														
Involuntal psychotic reaction.....	8	1	4	1	2									
Manic-depressive reaction.....	22		9	10	2				1					
Schizophrenic reactions.....	112	4	29	30	28	8	4	6	3					
Paranoid reactions.....	5		1	3	1									
TOTAL PSYCHOTIC DISORDERS.....	147	5	43	44	33	8	4	6	4					
PSYCHONEUROTIC REACTIONS.....	39	4	17	13	4							1		
PERSONALITY DISORDERS:														
Sexual deviation.....	1			1										
Alcoholism (addiction).....	2		2											
TOTAL PERSONALITY DISORDERS.....	3		2	1										
MENTAL DEFICIENCY.....	10	1	3	3	2				1					
GRAND TOTAL.....	264	11	86	80	57	10	4	6	6	1		2	1	

TABLE 11—READMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 and Over
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis.....	3	..	..	1	2	..	..	..	1	..	..	..	..	..
Other tramuma.....	1	..	..	..	..	..	..	..	1	..	..	..	..	..
Cerebral arteriosclerosis.....	11	..	2	3	4	1	..	..	1	..	..	..	..	..
Other circulatory disturbance.....	2	..	..	..	2	..	..	..	..	..	..	..	..	..
Convulsive disorder.....	3	..	..	1	..	1	..	..	1	..	..	..	..	..
Chronic brain syndrome of unknown cause.....	2	..	..	1	1	..	..	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	22	..	2	6	7	4	..	..	3	..	..	..	..	..
PSYCHOTIC DISORDERS:														
Involutional psychotic reaction.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Manic-depressive reaction.....	23	1	5	5	9	2	1	..	..	..	..	..	..	..
Psychotic depressive reaction.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Schizophrenic reactions.....	70	2	8	20	21	10	4	3	1	..	1	..	..	..
Paranoid reactions.....	1	..	..	..	..	1	..	..	..	..	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	96	4	14	25	30	13	5	3	1	..	1	..	..	..
PSYCHONEUROTIC REACTIONS.....	6	..	1	5	..	..	..	..	..	..	..	..	..	..
PERSONALITY DISORDERS:														
Alcoholism (addiction).....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
TOTAL PERSONALITY DISORDERS.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
MENTAL DEFICIENCY.....	8	..	4	1	1	2	..	..	..	..	..	..	..	..
GRAND TOTAL.....	133	4	22	37	38	19	5	3	4	..	1	..	..	..

TABLE 11—FIRST ADMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 and Over
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis	1					1								
Drug or poison intoxication (except alcohol)	1			1										
Birth trauma	1					1								
Cerebral arteriosclerosis	68	2	16	23	16	6	1	2	1		1			
Other circulatory disturbance	4		1	3										
Convulsive disorder	5		2	2	1									
Senile brain disease	7		1	4	1	1								
Other disturbance of metabolism, growth, and nutrition	2			1	1									
Diseases of unknown and uncertain cause	1			1										
TOTAL CHRONIC BRAIN SYNDROMES	90	2	20	35	19	9	1	2	1		1			
PSYCHOTIC DISORDERS:														
Involuntional psychotic reaction	2	1	1											
Manic-depressive reaction	7		4	1	1		1							
Schizophrenic reactions	205	2	43	54	44	22	9	7	13	6	3	2		
Paranoid reactions	2				1				1					
TOTAL PSYCHOTIC DISORDERS	216	3	48	55	46	22	10	7	14	6	3	2		
PSYCHONEUROTIC REACTIONS	113	13	36	48	12	3								1
MENTAL DEFICIENCY	11	1	1	2	4	1				1			1	
WITHOUT MENTAL DISORDER	2		1	1										
GRAND TOTAL	432	19	106	141	81	35	11	9	15	7	4	2	1	1

TABLE 11—READMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
Drug or poison intoxication (except alcohol).....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Drug or poison intoxication (except alcohol).....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Cerebral arteriosclerosis.....	30	..	6	13	10	1	..	..	..	..	..	..	..	..
Convulsive disorder.....	4	..	..	1	3	..	..	..	..	..	..	..	..	..
Senile brain disease.....	1	..	..	..	..	..	..	..	1	..	..	..	..	..
Intracranial neoplasm.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Chronic brain syndrome of unknown cause.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	38	..	8	15	13	1	..	..	..	1	..	..	..	..
PSYCHOTIC DISORDERS:														
Involuntal psychotic reaction.....	1	..	..	..	..	..	..	..	1	..	..	..	..	..
Manic-depressive reaction.....	11	..	2	2	2	1	..	..	2	1	..	..	..	..
Schizophrenic reactions.....	165	..	23	40	44	22	11	5	14	4	..	1	..	1
TOTAL PSYCHOTIC DISORDERS.....	177	..	25	42	46	23	11	5	15	7	1	1	..	1
PSYCHONEUROTIC REACTIONS.....	29	1	4	11	9	1	..	1	1	..	..	1	..	..
MENTAL DEFICIENCY.....	5	..	1	2	1	..	1	..	..	..	..	..	..	..
GRAND TOTAL.....	250	1	39	70	69	25	12	6	16	8	1	2	..	1

TABLE 11—FIRST ADMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
All other conditions	1	..	..	..	1	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES	1	..	..	..	1	..	..	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis	4	..	..	1	1	2	..	..	..	..	..	..	..	..
Other intracranial infections	1	..	..	..	1	..	..	..	..	..	..	..	..	..
Alcohol intoxication	10	..	2	3	3	1	1	..	..	..	..	..	..	..
Birth trauma	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Cerebral arteriosclerosis	20	..	4	4	7	2	1	1	1	..	..	..	..	..
Other circulatory disturbance	2	..	1	..	1	..	..	..	..	..	..	..	..	..
Convulsive disorder	6	..	..	2	2	2	..	..	..	..	..	..	..	..
Chronic brain syndromes of unknown cause	1	..	..	1	..	..	..	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES	45	..	8	11	15	7	2	1	1	..	..	..	..	..
PSYCHOTIC DISORDERS:														
Manic-depressive reaction	3	..	..	2	1	..	..	..	..	..	..	..	..	..
Schizophrenic reactions	76	..	4	17	32	5	6	2	10	..	..	..	..	..
TOTAL PSYCHOTIC DISORDERS	79	..	4	19	33	5	6	2	10	..	..	..	..	..
MENTAL DEFICIENCY	1	..	1	..	..	..	..	..	..	..	..	..	..	..
GRAND TOTAL	126	..	13	30	49	12	8	3	11	..	..	..	..	..

TABLE 11—READMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 and Over
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Alcohol intoxication.....	5	..	1	..	3	1	..	..	..	..	..	..	..	..
Cerebral arteriosclerosis.....	9	..	4	2	2	..	1	..	..	..	..	..	..	..
Convulsive disorder.....	2	..	..	..	1	1	..	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	16	..	5	2	6	2	1	..	..	..	..	..	..	..
PSYCHOTIC DISORDERS:														
Manic-depressive reaction.....	5	..	..	..	4	1	..	..	..	..	1	..	..	..
Schizophrenic reactions.....	22	..	5	8	5	..	2	1	..	..	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	27	..	5	8	9	1	2	1	..	..	1	..	..	..
GRAND TOTAL.....	43	..	10	10	15	3	3	1	..	..	1	..	..	..

TABLE 11—FIRST ADMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 and Over
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:														
All other conditions.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
TOTAL ACUTE BRAIN SYNDROMES.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..
Alcohol intoxication.....	5	..	1	4	..	..	..	..	..	..	..	..	..	..
Cerebral arterosclerosis.....	24	..	2	10	8	3	..	..	1	..	..	..	..	..
Other circulatory disturbance.....	4	..	..	2	2	2	..	..	..	..	..	..	..	..
Convulsive disorder.....	10	..	1	2	2	2	..	..	..	..	..	..	..	..
Senile brain disease.....	6	..	..	2	2	..	1	..	..	..	..	..	..	..
Other disturbance of metabolism, growth, and nutrition.....	2	..	..	2	..	..	..	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	52	..	4	29	12	5	1	..	1	..	..	..	..	..
PSYCHOTIC DISORDERS:														
Manic-depressive reaction.....	53	..	15	23	12	1	..	..	1	..	1	..	..	..
Schizophrenic reactions.....	81	..	9	23	25	2	11	..	8	1	1	1	..	..
TOTAL PSYCHOTIC DISORDERS.....	134	..	24	46	37	3	11	..	9	1	2	1	..	..
PSYCHONEUROTIC REACTIONS.....	2	..	1	..	1	..	..	..	..	..	..	..	..	..
MENTAL DEFICIENCY.....	7	..	1	3	3	..	..	..	..	..	..	..	..	..
GRAND TOTAL.....	196	..	31	78	53	8	12	..	10	1	2	1	..	..

TABLE 11—READMISSION PATIENTS ON TRIAL VISIT AT END OF YEAR BY TIME ON BOOKS AND MENTAL DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	TIME ON BOOKS												
		Under 3 mos.	3-5 mos.	6-11 mos.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30 and Over
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:														
Meningoencephalitic syphilis.....	1	..	..	..	..	..	1	..	..	..	..	..	..	..
Birth trauma.....	1	..	..	..	1	..	..	..	..	..	..	..	..	..
Cerebral arteriosclerosis.....	8	..	1	..	6	..	1	..	..	..	..	..	..	..
Other circulatory disturbance.....	1	..	..	..	1	..	..	..	..	..	..	..	..	..
Convulsive disorder.....	2	..	..	..	1	1	..	..	..	..	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	13	..	1	..	9	1	2	..	..	..	..	..	..	..
PSYCHOTIC DISORDERS:														
Manic-depressive reaction.....	42	..	9	13	10	5	2	1	1	1	..	..	..	..
Schizophrenic reactions.....	32	..	2	15	10	..	2	1	1	1	..	..	..	..
TOTAL PSYCHOTIC DISORDERS.....	74	..	11	28	20	5	4	2	2	2	..	..	..	..
MENTAL DEFICIENCY.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..
GRAND TOTAL.....	88	..	12	29	29	6	6	2	2	2	..	..	..	..

TABLE 12—DISPOSITION OF FIRST ADMISSIONS WITHIN THE TWELVE MONTH PERIOD
FOLLOWING ADMISSION BY MENTAL DISORDER—WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	DISPOSITION				
		Resident In Hospital	Discharge	On Trial Visit	Otherwise Absent	Deaths
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol intoxication	18	..	18	..	..	..
Drug or poison intoxication (except alcohol)	6	..	5	..	..	1
All other conditions	2	1	..	..	..	1
TOTAL ACUTE BRAIN SYNDROMES	26	1	23	..	..	2
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Other CNS syphilis	1	..	1	..	..	..
Other trauma	5	..	4	1	..	..
Cerebral arteriosclerosis	142	30	24	11	..	77
Other circulatory disturbance	8	1	3	..	..	4
Convulsive disorder	10	..	6	3	..	1
Senile brain disease	7	..	2	..	..	5
Other disturbance of metabolism, growth, and nutrition ..	2	1	..	1	..	..
Intracranial neoplasm	1	..	..	..	..	1
Diseases of unknown and uncertain cause	5	1	2	2	..	..
Chronic brain syndrome of unknown cause	2	..	1	..	..	1
TOTAL CHRONIC BRAIN SYNDROMES	183	33	43	18	..	89
PSYCHOTIC DISORDERS:						
Involuntional psychotic reaction	5	..	4	1	..	..
Manic-depressive reaction	14	2	10	2	..	..
Schizophrenic reactions	121	37	58	22	2	2
Paranoid reactions	5	..	3	2	..	..
Other	1	..	..	..	..	1
TOTAL PSYCHOTIC DISORDERS	146	39	75	27	2	3
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS	4	..	4	..	..	..
PSYCHONEUROTIC REACTIONS	54	..	51	3	..	..
PERSONALITY DISORDERS:						
Personality pattern disturbance	10	..	10	..	..	..
Personality trait disturbance	14	..	14	..	..	..
Antisocial reaction	5	..	5	..	..	..
Sexual deviation	2	..	2	..	..	..
Alcoholism (addiction)	109	..	108	..	..	1
Drug addiction	7	1	6	..	..	..
TOTAL PERSONALITY DISORDERS	147	1	145	..	..	1
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE ..	1	..	1	..	..	..
MENTAL DEFICIENCY	16	2	10	2	..	2
WITHOUT MENTAL DISORDER	83	..	83	..	..	..
GRAND TOTAL	660	76	435	50	2	97

TABLE 12—DISPOSITION OF READMISSIONS WITHIN THE TWELVE MONTH PERIOD
FOLLOWING ADMISSION BY MENTAL DISORDER—WHITE MALE
Year Ending June 30, 1960

MENTAL DISORDERS	DISPOSITION					
	Total	Resident in Hospital	Discharge	On Trial Visit	Otherwise Absent	Deaths
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol intoxication	9	..	9	..	..	..
Drug or poison intoxication (except alcohol)	1	..	1	..	..	..
All other conditions	2	..	2	..	..	..
TOTAL ACUTE BRAIN SYNDROMES	12	..	12	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Meningoencephalitic syphilis	3	..	1	2	..	..
Other trauma	1	..	1	..	..	..
Cerebral arteriosclerosis	23	3	8	4	..	8
Other circulatory disturbance	2	1	..	..	..	1
Convulsive disorder	4	3	1	..	..	..
Senile brain disease	1	..	..	..	..	1
Chronic brain syndrome of unknown cause	1	..	..	1	..	..
TOTAL CHRONIC BRAIN SYNDROMES	35	7	11	7	..	10
PSYCHOTIC DISORDERS:						
Manic-depressive reaction	31	5	16	9	..	1
Schizophrenic reactions	72	18	33	18	3	..
TOTAL PSYCHOTIC DISORDERS	103	23	49	27	3	1
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS	1	1	..	..	..	..
PSYCHONEUROTIC REACTIONS	14	..	13	..	..	1
PERSONALITY DISORDERS:						
Personality pattern disturbance	2	..	2	..	..	..
Personality trait disturbance	4	..	4	..	..	..
Antisocial reaction	2	..	2	..	..	..
Alcoholism (addiction)	66	1	65	..	..	..
Drug addiction	2	..	2	..	..	..
TOTAL PERSONALITY DISORDERS	76	1	75	..	..	..
MENTAL DEFICIENCY	5	3	1	1	..	..
WITHOUT MENTAL DISORDER	16	..	15	..	..	1
GRAND TOTAL	262	35	176	35	3	13

TABLE 12—DISPOSITION OF FIRST ADMISSIONS WITHIN THE TWELVE MONTH PERIOD
FOLLOWING ADMISSION BY MENTAL DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	DISPOSITION				
		Resident in Hospital	Discharge	On Trial Visit	Otherwise absent	Deaths
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol intoxication	7	..	7	..	..	..
Drug or poison intoxication (except alcohol)	14	..	14	..	..	..
All other conditions	1	..	1	..	..	..
TOTAL ACUTE BRAIN SYNDROMES	22	..	22	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Other trauma	3	1	1	..	..	1
Cerebral arteriosclerosis	106	33	26	14	..	33
Other circulatory disturbance	6	1	3	..	..	2
Convulsive disorder	4	1	2	1	..	..
Senile brain disease	31	9	4	1	..	17
Other disturbance of metabolism, growth, and nutrition	3	..	..	1	..	2
Diseases of unknown and uncertain cause	2	1	1	..	..	..
Chronic brain syndrome of unknown cause	1	..	1	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES	156	46	38	17	..	55
PSYCHOTIC DISORDERS:						
Involutional psychotic reaction	5	1	4	..	..	..
Manic-depressive reaction	5	..	4	1	..	..
Schizophrenic reactions	139	23	128	47	1	..
Paranoid reactions	4	2	2	..	..	..
TOTAL PSYCHOTIC DISORDERS	213	26	138	48	1	..
PSYCHONEUROTIC REACTIONS	118	3	104	11	..	..
PERSONALITY DISORDERS:						
Personality pattern disturbance	11	..	11	..	..	..
Personality trait disturbance	16	..	16	..	..	..
Antisocial reaction	3	..	3	..	..	..
Dysocial reaction	7	..	7	..	..	..
Sexual deviation	1	..	1	..	..	..
Alcoholism (addiction)	20	..	20	..	..	..
Drug addiction	6	..	6	..	..	..
TOTAL PERSONALITY DISORDERS	64	..	64	..	..	..
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	11	..	11	..	..	..
MENTAL DEFICIENCY	17	4	9	3	..	1
WITHOUT MENTAL DISORDER	28	..	12	..	..	16
GRAND TOTAL	629	79	398	79	1	72

TABLE 12—DISPOSITION OF READMISSIONS WITHIN THE TWELVE MONTH PERIOD
FOLLOWING ADMISSION BY MENTAL DISORDER—WHITE FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	DISPOSITION					
	Total	Resident In Hospital	Discharge	On Trial Visit	Otherwise Absent	Deaths
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol intoxication	1	..	1	..	..	..
Drug or poison intoxication (except alcohol)	2	..	2	..	..	..
TOTAL ACUTE BRAIN SYNDROMES	4	..	4	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Epidemic encephalitis	1	..	1	..	..	..
Alcohol intoxication	1	1	..	..	..	..
Cerebral arteriosclerosis	34	7	13	10	..	4
Convulsive disorder	9	3	4	2	..	..
Senile brain disease	1	..	..	..	..	1
Other disturbance of metabolism, growth, and nutrition	1	..	1	..	..	..
Diseases of unknown and uncertain cause	1	..	..	..	..	1
TOTAL CHRONIC BRAIN SYNDROMES	48	11	19	12	..	6
PSYCHOTIC DISORDERS:						
Involuntary psychotic reaction	1	..	1	..	..	..
Manic-depressive reaction	12	2	7	3	..	..
Schizophrenic reactions	129	36	45	47	..	1
TOTAL PSYCHOTIC DISORDERS	142	38	53	50	..	1
PSYCHONEUROTIC REACTIONS	29	..	21	8	..	..
PERSONALITY DISORDERS:						
Personality pattern disturbance	3	..	3	..	..	..
Personality trait disturbance	4	..	4	..	..	..
Antisocial reaction	2	1	1	..	..	..
Dyssocial reaction	1	..	1	..	..	..
Alcoholism (addiction)	7	..	7	..	..	..
Drug addiction	2	2	..	..	..	..
TOTAL PERSONALITY DISORDERS	19	3	16	..	..	..
MENTAL DEFICIENCY	8	4	3	1	..	..
WITHOUT MENTAL DISORDER	3	..	1	1	..	1
GRAND TOTAL	253	56	117	72	..	8

TABLE 12—DISPOSITION OF FIRST ADMISSIONS WITHIN THE TWELVE MONTH PERIOD
FOLLOWING ADMISSION BY MENTAL DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	DISPOSITION				
		Resident in Hospital	Discharge	On Trial Visit	Otherwise absent	Deaths
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol intoxication	51	2	49	..	..	..
Drug or poison intoxication (except alcohol)	1	..	..	..	..	1
All other conditions	4	1	3	..	..	..
TOTAL ACUTE BRAIN SYNDROMES	56	3	52	..	..	1
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Diseases and conditions due to prenatal (constitutional) influence	1	1	..	..	..	..
Meningoencephalitic syphilis	6	4	..	1	..	1
Other intracranial infections	1	..	..	1	..	..
Alcohol intoxication	13	3	7	3	..	..
Birth trauma	2	1	1	..	..	..
Other trauma	3	3	..	..	..	..
Cerebral arteriosclerosis	87	27	14	5	..	41
Other circulatory disturbance	3	3	..	..	..	..
Convulsive disorder	4	1	1	2	..	..
Senile brain disease	5	1	..	..	..	4
Chronic brain syndrome of unknown cause	2	1	..	1	..	..
TOTAL CHRONIC BRAIN SYNDROMES	127	45	23	13	..	46
PSYCHOTIC DISORDERS:						
Manic-depressive reaction	9	1	6	2	..	..
Schizophrenic reactions	104	39	31	32	1	1
TOTAL PSYCHOTIC DISORDERS	113	40	37	34	1	1
PERSONALITY DISORDERS:						
Sexual deviation	1	..	1	..	..	..
TOTAL PERSONALITY DISORDERS	1	..	1	..	..	..
MENTAL DEFICIENCY	15	10	5	..	..	..
WITHOUT MENTAL DISORDER	39	..	38	..	..	1
GRAND TOTAL	351	98	156	47	1	49

TABLE 12—DISPOSITION OF READMISSIONS WITHIN THE TWELVE MONTH PERIOD
FOLLOWING ADMISSION BY MENTAL DISORDER—COLORED MALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	DISPOSITION				
		Resident in Hospital	Discharge	On Trial Visit	Otherwise Absent	Deaths
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol intoxication.....	9	..	8	..	..	1
TOTAL ACUTE BRAIN SYNDROMES.....	9	..	8	..	..	1
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Meningoencephalitic syphilis.....	1	1	..	..	..	..
Other intracranial infections.....	1	1	..	..	..	..
Alcohol intoxication.....	8	5	..	3	..	..
Cerebral arteriosclerosis.....	7	2	2	3	..	..
Other circulatory disturbance.....	7	7	..	..	..	..
Chronic brain syndrome of unknown cause.....	1	1	..	..	..	..
TOTAL CHRONIC BRAIN SYNDROMES.....	25	17	2	6	..	..
PSYCHOTIC DISORDERS:						
Manic-depressive reaction.....	5	..	1	4	..	..
Schizophrenic reactions.....	27	12	10	3	2	..
TOTAL PSYCHOTIC DISORDERS.....	32	12	11	7	2	..
PERSONALITY DISORDERS:						
Alcoholism (addiction).....	1	..	1	..	..	..
TOTAL PERSONALITY DISORDERS.....	1	..	1	..	..	..
MENTAL DEFICIENCY.....	3	3	..	..	..	..
WITHOUT MENTAL DISORDER.....	3	..	3	..	..	..
GRAND TOTAL.....	73	32	25	13	2	1

TABLE 12—DISPOSITION OF FIRST ADMISSIONS WITHIN THE TWELVE MONTH PERIOD
FOLLOWING ADMISSION BY MENTAL DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	DISPOSITION				
		Resident in Hospital	Discharge	On Trial Visit	Otherwise Absent	Deaths
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol intoxication.....	1	..	1	..	..	..
All other conditions.....	4	..	1	..	..	3
TOTAL ACUTE BRAIN SYNDROMES.....	5	..	2	..	..	3
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Diseases and conditions due to prenatal (constitutional) influence.....	1	..	..	..	..	1
Meningoencephalitic syphilis.....	1	1	..	..	..	..
Alcohol intoxication.....	6	1	5	..	..	..
Other trauma.....	1	1	..	..	..	..
Cerebral arteriosclerosis.....	47	17	11	8	..	11
Other circulatory disturbance.....	11	4	2	2	..	3
Convulsive disorder.....	13	5	5	2	..	1
Senile brain disease.....	27	13	1	..	..	13
TOTAL CHRONIC BRAIN SYNDROMES.....	107	42	24	12	..	29
PSYCHOTIC DISORDERS:						
Manic-depressive reaction.....	44	4	27	12	..	1
Schizophrenic reactions.....	81	27	28	25	..	1
TOTAL PSYCHOTIC DISORDERS.....	125	31	55	37	..	2
PSYCHONEUROTIC REACTIONS.....	3	..	2	1	..	..
PERSONALITY DISORDERS:						
Personality trait disturbance.....	2	..	2	..	..	..
TOTAL PERSONALITY DISORDERS.....	2	..	2	..	..	..
MENTAL DEFICIENCY.....	11	3	5	3	..	..
WITHOUT MENTAL DISORDER.....	12	..	12	..	..	..
GRAND TOTAL.....	265	76	102	53	..	34

TABLE 12—DISPOSITION OF READMISSIONS WITHIN THE TWELVE MONTH PERIOD
FOLLOWING ADMISSION BY MENTAL DISORDER—COLORED FEMALE
Year Ending June 30, 1960

MENTAL DISORDERS	Total	DISPOSITION				
		Resident In Hospital	Discharge	On Trial Visit	Otherwise Absent	Deaths
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol intoxication	2	..	2	..	..	..
TOTAL ACUTE BRAIN SYNDROMES	2	..	2	..	..	..
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
Alcohol intoxication	2	1	1	..	..	..
Birth trauma	1	..	..	1	..	..
Cerebral arteriosclerosis	8	..	3	5	..	..
Other circulatory disturbance	2	..	..	1	..	1
Convulsive disorder	5	3	1	1	..	..
TOTAL CHRONIC BRAIN SYNDROMES	18	4	5	8	..	1
PSYCHOTIC DISORDERS:						
Manic-depressive reaction	26	3	13	10	..	..
Schizophrenic reactions	46	28	8	10	..	..
TOTAL PSYCHOTIC DISORDERS	72	31	21	20	..	..
PSYCHONEUROTIC REACTIONS	1	1	..	..	..	..
MENTAL DEFICIENCY	5	1	1	3	..	..
GRAND TOTAL	98	37	29	31	..	1